



IDAHO DEPARTMENT OF
HEALTH & WELFARE



Results From The 2001

Pregnancy

Risk Assessment

Tracking System

A SURVEY OF
THE HEALTH
OF MOTHERS
AND BABIES
IN IDAHO



IDAHO DEPARTMENT OF
HEALTH & WELFARE



Results From The 2001 Pregnancy Risk Assessment Tracking System A SURVEY OF THE HEALTH OF MOTHERS AND BABIES IN IDAHO

Table of Contents

Overview of Survey	1-4
Main Findings	5-9
Intendedness of Pregnancy	11-18
When Mother Intended to Become Pregnant.....	11
Intendedness of Pregnancy by Mother's Age	12
Intendedness of Pregnancy by Mother's Education Attainment for Age	13
Intendedness of Pregnancy by Mother's Marital Status.....	14
Intendedness of Pregnancy by Payment Source for Delivery.....	15
Intendedness of Pregnancy by Live Birth Order	16
Birth Control Utilization at Time of Conception	17
Reasons for Not Using Birth Control	18
Household Income and Health Insurance	19-25
Household Income 12 Months Prior to Pregnancy	19
Household Income 12 Months Prior to Pregnancy by Mother's Ethnicity	20
Household Income 12 Months Prior to Pregnancy by Mother's Marital Status	21
Health Insurance Status Before Pregnancy	22
Health Insurance Status Before Pregnancy by Mother's Ethnicity.....	23
Health Insurance Status Before Pregnancy by Mother's Marital Status	24
Health Insurance Status Before Pregnancy by Household Income	25
Medicaid Utilization.....	27-32
Medicaid Utilization	27
Application for Medicaid.....	28
Application for Medicaid by Mother's Ethnicity.....	29
Application for Medicaid by Population Density of Mother's Residence	30
Ineligibility for Medicaid by Mother's Ethnicity.....	31
Ineligibility for Medicaid by Mother's Age	32
Prenatal Health Care	33-46
Initiation of Prenatal Care	33
First Trimester Prenatal Care Utilization by Mother's Ethnicity.....	34
First Trimester Prenatal Care Utilization by Payment Source for Prenatal Care	35
First Trimester Prenatal Care Utilization by Intendedness of Pregnancy.....	36
Prenatal Care Received as Early as Mother Desired	37
Selected Barriers to Receiving Early Prenatal Care	38
Where Women Go for Prenatal Care by Mother's Ethnicity.....	39
Selected Barriers to Attending Prenatal Care Visits	40
Discussion of Dental Care by Payment Source for Prenatal Care.....	41
Dental Care During Pregnancy	42
Dental Care During Pregnancy by Mother's Ethnicity.....	43
Dental Care During Pregnancy by Household Income	44
Dental Care During Pregnancy by Discussion of Dental Care During Prenatal Care	45
Reasons for Not Receiving Dental Care During Pregnancy	46
Maternal Infections.....	47-52
Maternal Infections During Pregnancy	47
HIV Testing During Pregnancy	48

Table of Contents

HIV Testing During Pregnancy by Discussion of HIV Testing During Prenatal Care.....	49
HIV Testing During Pregnancy by Household Income.....	50
HIV Testing During Pregnancy by Mother's Marital Status.....	51
HIV Testing During Pregnancy by Payment Source for Prenatal Care.....	52
Maternal Weight and Nutrition	53-60
Participation in the WIC Program During Pregnancy by Mother's Ethnicity.....	53
Discussion About Nutrition and Weight Gain During Prenatal Care	54
Vitamin Supplement Use Before and During Pregnancy	55
Vitamin Supplement Use by Intendedness of Pregnancy.....	56
Vitamin Supplement Use by Discussion of Vitamins During Prenatal Care.....	57
Knowledge of Benefits of Folic Acid.....	58
Mother's Pre-Pregnancy Body-Mass Index (BMI).....	59
Weight Gain During Pregnancy	60
Tobacco and Alcohol Use	61-68
Cigarette Use	61
Cigarette Use by Mother's Ethnicity.....	62
Cigarette Use by Mother's Age	63
Cigarette Use by Mother's Education Attainment for Age.....	64
Cigarette Use by Intendedness of Pregnancy	65
Information Given During Prenatal Care About Smoking by Mother's Cigarette Use	66
Preterm Delivery by Mother's Cigarette Use.....	67
Alcohol Consumption During the 3 Months Before Becoming Pregnant	68
Labor and Delivery	69-76
Length of Hospital Stay After Delivery	69
Baby's Length of Hospital Stay After Delivery by Preterm Delivery	70
Birth Weight of Baby by Intendedness of Pregnancy.....	71
Newborn Hearing Screening	72
Newborn Hearing Screening by Mother's Ethnicity.....	73
Results of Newborn Hearing Screening	74
Results of Follow-Up Hearing Testing	75
Birth Control Information After Delivery	76
Postpartum Depression.....	77-80
Postpartum Depression During 3 Months after Delivery.....	77
Postpartum Depression by Mother's Marital Status.....	78
Postpartum Depression by Payment Source for Delivery	79
Postpartum Depression by Preterm Delivery	80
Breastfeeding	81-86
Prevalence of Breastfeeding.....	81
Prevalence of Breastfeeding by Mother's Education Attainment for Age	82
Prevalence of Breastfeeding by Mother's Marital Status	83
Prevalence of Breastfeeding by Household Income	84
Prevalence of Breastfeeding by Receipt of Information on Breastfeeding.....	85
Selected Reasons for Discontinuing Breastfeeding.....	86

Table of Contents

Physical Abuse.....	87-91
Physical Abuse Before or During Pregnancy	87
Physical Abuse Before Pregnancy by Mother's Age	88
Physical Abuse Before Pregnancy by Mother's Education Attainment for Age	89
Physical Abuse Before Pregnancy by Mother's Marital Status	90
Information About Physical Abuse During Prenatal Care Visits.....	91
 Infant Health and Safety	 93-112
Baby Car Seat Use	93
Baby Sleep Position.....	94
Baby Sleep Position by Mother's Ethnicity.....	95
Baby Sleep Position by Mother's Age.....	96
Prevalence of Soft Baby Sleep Surface.....	97
Prevalence of Soft Baby Sleep Surface by Mother's Ethnicity.....	98
Rules About Smoking Inside House	99
Baby's Daily Exposure to Environmental Tobacco Smoke	100
Enrollment in Idaho's Immunization Reminder Information System (IRIS)	101
Up-to-Date Immunizations by Enrollment in IRIS	102
Up-to-Date Immunizations by Intendedness of Pregnancy.....	103
Selected Reasons for Not Having Immunizations Up-to-Date	104
Enrollment in Idaho's Children's Health Insurance Program (CHIP).....	105
Enrollment in CHIP by Mother's Ethnicity	106
Enrollment in CHIP by Mother's Marital Status.....	107
Reasons for Not Enrolling in CHIP.....	108
Knowledge of Consequences of Shaking A Baby.....	109
Participation in the WIC Program After Delivery	110
Participation in the WIC Program After Delivery by Mother's Ethnicity	111
Participation in the WIC Program After Delivery by Mother's Marital Status.....	112
 Definition of Terms.....	 113
 Questionnaire and Results	 115-119
 References	 121

OVERVIEW OF SURVEY

Overview of Survey

Introduction

The Pregnancy Risk Assessment Tracking System (PRATS) is a survey of new mothers in Idaho, conducted by the Bureau of Health Policy and Vital Statistics. PRATS was modeled after the Centers for Disease Control and Prevention's (CDC) Pregnancy Risk Assessment Monitoring System (PRAMS), a cooperative program that began in 1987 between selected states and the CDC.

The purpose of PRATS is to establish a population-based tracking system to identify selected maternal experiences and behaviors before, during, and after pregnancy which may affect pregnancy outcomes and infant health. PRATS data are meant to supplement information from vital records and to generate data for planning and assessing perinatal health programs in Idaho.

PRATS provides information about the intendedness of pregnancy, timing of initiation of prenatal care, content of prenatal care, barriers to services, prevalence of physical abuse of pregnant women, breastfeeding patterns, and many other important perinatal issues.

The privacy and confidentiality of mothers who took part in PRATS is a high priority; therefore, no identifying information about a specific respondent will appear in any report. Results are published using only state-level estimates.

The Sample

The study population for PRATS included Idaho resident women 18 years of age or older (at the time of delivery) who had a live birth which occurred in-state. The sampling frame included mothers who gave birth between February 1, 2001 and July 31, 2001. During the survey period, infants were between 3 and 12 months of age.

Certain records were automatically excluded from the sampling frame, including records of mothers less than 18 years of age at the time of delivery, adopted infants, and infants who had died. Idaho resident mothers who delivered in another state were excluded from the sampling frame. In addition, if there was a multiple birth (twin, triplet, etc.), only the firstborn infant was included in the sampling frame.

The sample design of PRATS was based on stratified systematic random sampling methods designed to ensure representation of selected groups of women. There were four strata: high-risk mothers with a low birth weight live birth (< 2,500 grams), high-risk mothers with a normal birth weight live birth (at least 2,500 grams), low-risk mothers with a low birth weight live birth, and low-risk mothers with a normal birth weight live birth.

Overview of Survey

Women who initiated prenatal care after the first trimester or did not go for care were considered high risk. Women in each of the four strata had a different probability of being selected. Records were sampled using the following sampling fractions:

Idaho PRATS Sampling Fraction by Sampling Stratum 2001

SAMPLING STRATUM	SAMPLING FRAME	SAMPLE	SAMPLING FRACTION
TOTAL	9,688	2,149	1 in 5
High-risk AND low birth weight	86	86	1
High-risk AND normal birth weight	1,469	884	1 in 2
Low-risk AND low birth weight	412	314	1
Low-risk AND normal birth weight	7,721	865	1 in 9

Survey Methods

Between November and December 2001, 2,149 new mothers from across the state of Idaho, selected by stratified systematic random sampling, were mailed an introductory letter requesting their participation in the PRATS survey. The introduction letter explained the purpose of the survey and provided a toll-free number to call for more information or to request a telephone interview. The mothers were also given the opportunity to decline participation by sending back the bottom section of the letter.

Approximately two weeks after the introductory letter was mailed, a full questionnaire packet was sent. Hispanic mothers were mailed both an English and Spanish version of the survey. In order to give women every opportunity to complete the questionnaire, up to two more survey packets were mailed out during the course of a two-month period. Women were able to elect to complete the survey over the telephone with an experienced interviewer (English or Spanish). For women who did not respond, attempts were made to contact them by telephone. This survey strategy had been tested by the CDC PRAMS project and has proved to be very successful in achieving high response rates and obtaining valuable information about the health of mothers and babies.

Overview of Survey

Eligibility Rates, Refusal Rates, and Response Rates

After the 2,149 introduction letters were mailed, 2,124 women were identified as eligible for the survey, or 98.8 percent. The total eligible sample was defined as the total sample minus the mothers excluded before the first mailing due to one of the following reasons: mother indicated that she did not want to participate and, therefore, never received a survey packet, baby died, or baby was given up for adoption. The overall refusal rate was 1.9 percent, computed as the number of women who refused the survey during the mail or telephone phase divided by the eligible sample.

The overall response rate was 70.9 percent, computed as the number of completed surveys (1,505) divided by the total eligible sample (2,124). The response rates varied by sampling stratum. The stratum of low-risk mothers who had a normal birth weight baby had the highest response rate of 79.1 percent. The stratum of high-risk mothers who had a low birth weight baby had the lowest response rate of 59.5 percent.

Completion Rates by Survey Phase

Of the 1,505 completed surveys, 87.9 percent (1,323) were completed by mail (paper-pencil) and 12.1 percent (182) were completed by telephone (see following table). The first mailing had the highest return, accounting for 62.4 percent of all completed surveys. Returns from the second mailing accounted for 12.3 percent of completed surveys, and the third mailing accounted for 13.2 percent of completed surveys. The telephone phase, accounting for 12.1 percent of completed surveys, was an important tool for reaching women with low education, low income, younger age, and/or Spanish speaking. Among Hispanic women who completed a survey, 55.6 percent either filled out a Spanish-version of the paper-pencil survey or completed a telephone interview in Spanish.

**Idaho PRATS
Percent Distribution of Completed Surveys
By Survey Phase
2001**

SURVEY PHASE	NUMBER COMPLETED	PERCENT COMPLETED
Total	1,505	100.0%
Mail phase	1,323	87.9%
Mailing 1	940	62.4%
Mailing 2	185	12.3%
Mailing 3	198	13.2%
Telephone phase	182	12.1%

Overview of Survey

Weighting the Data

The data presented in this report were weighted to adjust for the stratified sampling design and response differentials based on mother's marital status, education attainment, and trimester of entry into prenatal care. Weighting is required when analyzing survey data in order to produce unbiased estimates. Therefore, each respondent was given an analysis weight to adjust for the sampling design and non-response.

Using the Data in This Report

This report is divided into twelve main topic areas: intendedness of pregnancy, household income and health insurance, Medicaid utilization, prenatal health care, maternal infections, maternal weight and nutrition, tobacco and alcohol use, labor and delivery, postpartum depression, breastfeeding, physical abuse, and infant health and safety. An additional section, "PRATS 2001: Main Findings", highlights significant findings from the linked PRATS and birth certificate data file. The last section of the report provides the survey questionnaire and the results for each question.

The data presented in this report are basic descriptive and cross-tabulation statistics displayed in graphs and narrative form. Although specific point estimates are provided (proportions and means), it is important to keep in mind that the data are affected by sampling variability and random error. Standard errors were not included in this report but are available upon request. Proportions and means presented in this report were always based on a denominator of at least 30 observations (not weighted).

Another important issue to keep in mind when interpreting the results in this report is that data from PRATS are representative of Idaho resident adult mothers who had a live birth in Idaho between February 1, 2001, and July 31, 2001. Even though the data do not reflect the experiences of women whose babies died or were given up for adoption, much of the PRATS data are not available from other sources and, therefore, provide unique insight into maternal and infant health issues in Idaho.

MAIN FINDINGS

PRATS 2001: MAIN FINDINGS

Intendedness of Pregnancy

- Over one-third (37.5 percent) of Idaho resident adult mothers reported that their pregnancy was unintended at the time of conception: 29.8 percent wanted to be pregnant later and 7.7 percent never wanted to be pregnant.
- Among mothers with an unintended pregnancy, 54.9 percent reported that they were not using birth control at the time of conception.
- Nearly three-quarters (71.7 percent) of mothers 18-19 years of age indicated that their pregnancy was unintended at the time of conception; this age-group represented 12.9 percent of all unintended pregnancies among Idaho resident adult mothers.
- Mothers who were NOT married were 2.4 times more likely to report that their pregnancy was unintended, compared with mothers who were married.
- Mothers who reported that their pregnancy was unintended were less likely to have taken vitamins just before and during pregnancy, more likely to have smoked just before and during pregnancy, less likely to initiate prenatal care in the first trimester, and less likely to have their new baby's immunizations up-to-date (at the time of the survey).
- Among mothers who reported that Medicaid paid for the delivery of their new baby, 55.5 percent indicated that their pregnancy was unintended at the time of conception.

Household Income and Health Insurance

- More than 1 of 3 (36.4 percent) Idaho resident adult mothers did NOT have health insurance at the time just before becoming pregnant (excluding Medicaid).
- Two-thirds (67.1 percent) of Hispanic mothers did NOT have health insurance at the time just before becoming pregnant (excluding Medicaid). Among U.S.-born Hispanic mothers, 37.3 percent were uninsured. Among foreign-born Hispanic mothers, 85.4 percent were uninsured.
- Among mothers with an annual household income of less than \$15,000 (23.8 percent of all mothers), 72.7 percent were uninsured. Among mothers with an annual household income of \$35,000 or more (38.3 percent of all mothers), 5.1 percent were uninsured.
- The relative risk of being uninsured just before pregnancy (excluding Medicaid) was two times higher for mothers who were not married than for married mothers; 66.4 percent and 30.1 percent, respectively.

PRATS 2001: MAIN FINDINGS

Medicaid Utilization

- Less than 5.0 percent of Idaho resident adult mothers reported using Medicaid prior to their pregnancy. More than one-third (39.4 percent) of mothers applied for Medicaid coverage during their pregnancy with 34.2 reporting that Medicaid paid for prenatal care and 38.8 percent reporting Medicaid paid for their delivery.
- Hispanic mothers and those living in rural or frontier counties were more likely to apply for Medicaid than mothers living in urban counties.

Prenatal Health Care

- Most (88.5 percent) Idaho resident adult mothers initiated prenatal care in the first trimester.
- Among mothers who received prenatal care, 19.2 percent reported that they did NOT receive care as early in their pregnancy as they wanted.
- The Children's Dental Health Project, a non-profit organization dedicated to improving oral health and access to dental care, has noted that poor maternal oral health may be associated with preterm low birth weight pregnancy outcomes. Two-thirds (62.5 percent) of mothers did not receive dental care during their pregnancy.
- Mothers who received information on the importance of dental care during prenatal care visits were more likely to receive dental care during their pregnancy than mothers who did not receive information about dental care.

Maternal Infections

- Group B Strep was the most commonly reported maternal infection (of those asked) among Idaho resident adult mothers.
- Half (49.0 percent) of mothers reported being tested for HIV during their pregnancy.
- Almost all (94.8 percent) mothers who were tested for HIV had received information about testing during prenatal care visits.

Maternal Weight and Nutrition

- One-third (33.7 percent) of Idaho resident adult mothers participated in the WIC Program (Supplemental Nutrition Program for Women, Infants, and Children) during their pregnancy.

PRATS 2001: MAIN FINDINGS

- Nearly two-thirds (62.1 percent) of Hispanic mothers participated in the WIC program. Participation in WIC varied significantly by mother's place of birth (proxy for legal status): 43.8 percent of U.S.-born Hispanic mothers, and 73.5 percent of Hispanic mothers (foreign born) participated in WIC.
- Based on the Body Mass Index, more than 1 of 3 mothers (38.4 percent) were overweight or obese just before becoming pregnant.

Tobacco and Alcohol Use

- One of five Idaho resident adult mothers (19.7 percent) smoked before pregnancy. During pregnancy one in ten mothers (9.7 percent) reported smoking.
- Younger mothers were at higher risk for smoking before, during, and after pregnancy.
- One of four mothers (19.5 percent) with low education attainment for their age smoked during the last 3 months of pregnancy, a rate 3.9 times higher than for mothers with high education attainment for age (5.0 percent).
- One-third (38.0 percent) of mothers reported that they drank during the three months before pregnancy.

Labor and Delivery

- Infants who were born preterm were 2.4 times more likely to spend three or more days in the hospital after delivery than babies who were born at term.
- Three-quarters (74.5 percent) of Idaho resident adult mothers reported that their baby's hearing was tested after birth.
- Hispanic mothers were less likely to report that their baby's hearing had been screened than non-Hispanic mothers.

Postpartum Depression

- The majority of Idaho resident adult mothers (60.9 percent) reported feeling at least a little depressed during the three months after delivery.
- Mothers who were not married were more likely to be at least a little depressed during the three months after delivery than mothers who were married.
- Mothers whose delivery was paid for by Medicaid were more likely to be at least a little depressed during the three months after delivery than mothers whose delivery was paid for by some other source.

PRATS 2001: MAIN FINDINGS

- Mothers who gave birth to a preterm baby were 3.6 times more likely to be very depressed during the three months after delivery than mothers who gave birth to a full term baby.

Breastfeeding

- Just less than nine of ten Idaho resident adult mothers (89.2 percent) reported that they breastfed their baby.
- Mothers who reported breastfeeding were more likely to have high educational attainment for age, be married, and had received information about breastfeeding during prenatal care visits than mothers who did not breastfeed.

Physical Abuse

- During the 12 months before pregnancy, 6.5 percent of Idaho resident adult mothers reported that they were physically abused.
- During pregnancy, 4.2 percent of mothers reported that they were physically abused.
- Women 18-24 years of age had a higher incidence of physical abuse during the 12 months before pregnancy (11.8 percent), compared with women 25 years of age or older (5.7 percent).
- Women who were not married had a higher incidence of physical abuse during the 12 months before pregnancy (19.6 percent), compared with married women (3.8 percent).

Infant Health and Safety

- Since 1992, the American Academy of Pediatrics has recommended that infants be put down to sleep on their backs to reduce the risk of Sudden Infant Death Syndrome (SIDS). Two-thirds (68.1 percent) of Idaho resident adult mothers reported that they put their baby down to sleep on their back.
- The National Institute of Child Health and Human Development and the U.S. Consumer Product Safety Commission warn against placing any soft, plush, or bulky items in the baby's sleep area. One-third (33.3 percent) of mothers reported that their baby sometimes or always slept on a soft surface.
- Nine of ten mothers (92.3 percent) reported that their baby was never in the same room with someone who was smoking.

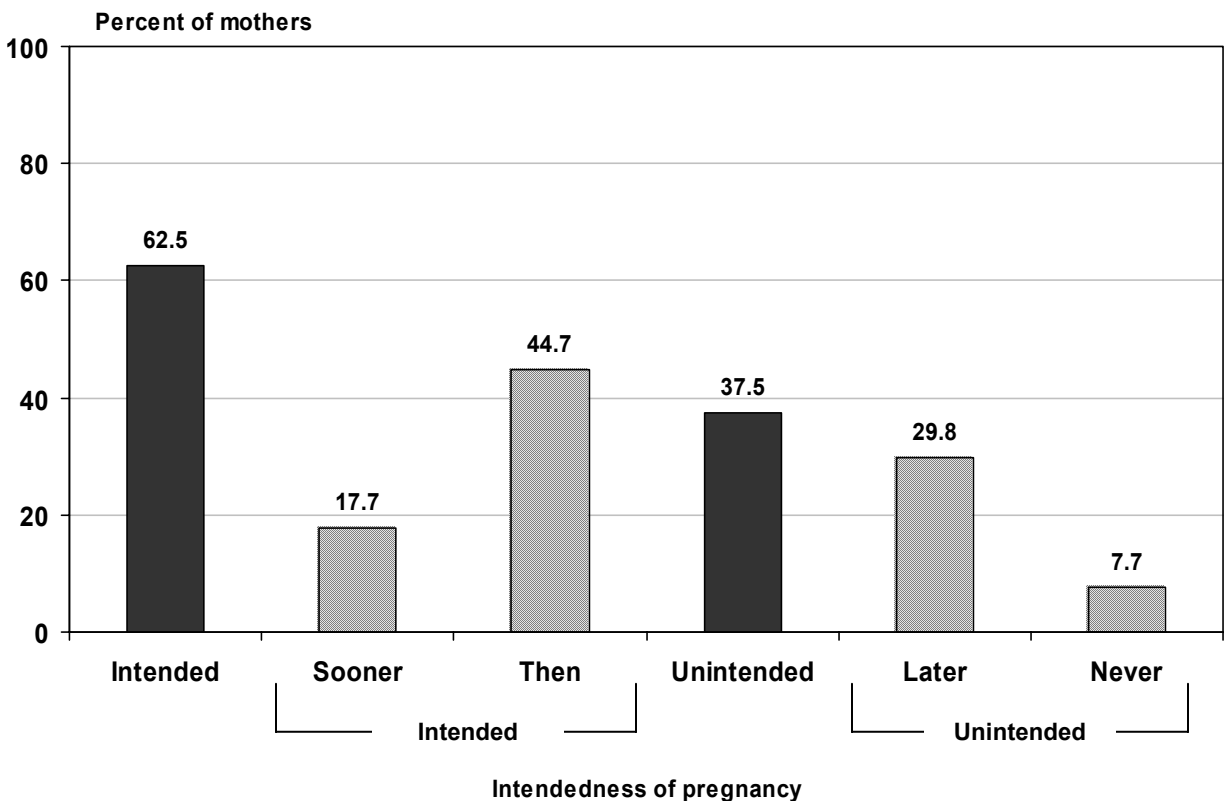
PRATS 2001: MAIN FINDINGS

- One of five mothers (19.0 percent) reported that their baby's immunizations were NOT up-to-date at the time of the survey.
- Women who indicated that they had not wanted to be pregnant then or at any time in the future were the most likely to have reported that their baby's immunizations were NOT up-to-date (33.1 percent).
- Nearly 1 of 6 mothers (14.2 percent) had enrolled their baby in Idaho's Children's Health Insurance Program (CHIP).
- Hispanic mothers and mothers who were not married were more likely to enroll their baby in CHIP than non-Hispanic and married mothers.
- Two out of five mothers (43.3 percent) participated in the Idaho Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) after delivery.

INTENDEDNESS OF PREGNANCY

Idaho PRATS

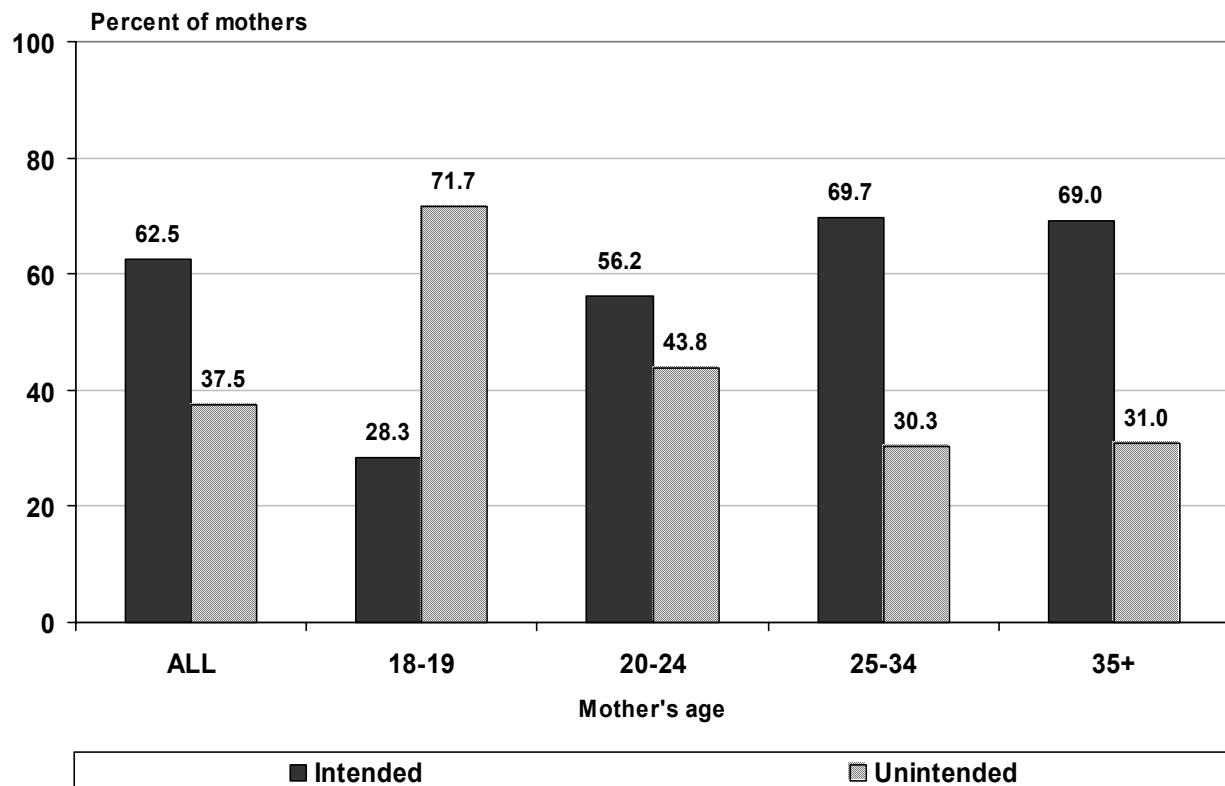
When Mother Intended to Become Pregnant 2001



Summary

Over one-third (37.5 percent) of Idaho resident adult mothers indicated that their pregnancy was unintended at the time of conception: either they wanted to become pregnant later (29.8 percent) or they did not want to become pregnant then or at any time in the future (7.7 percent). The majority of mothers (62.5 percent) indicated that they intended to become pregnant then (44.7 percent) or sooner (17.7 percent).

Idaho PRATS Intendedness of Pregnancy By Mother's Age 2001



Summary

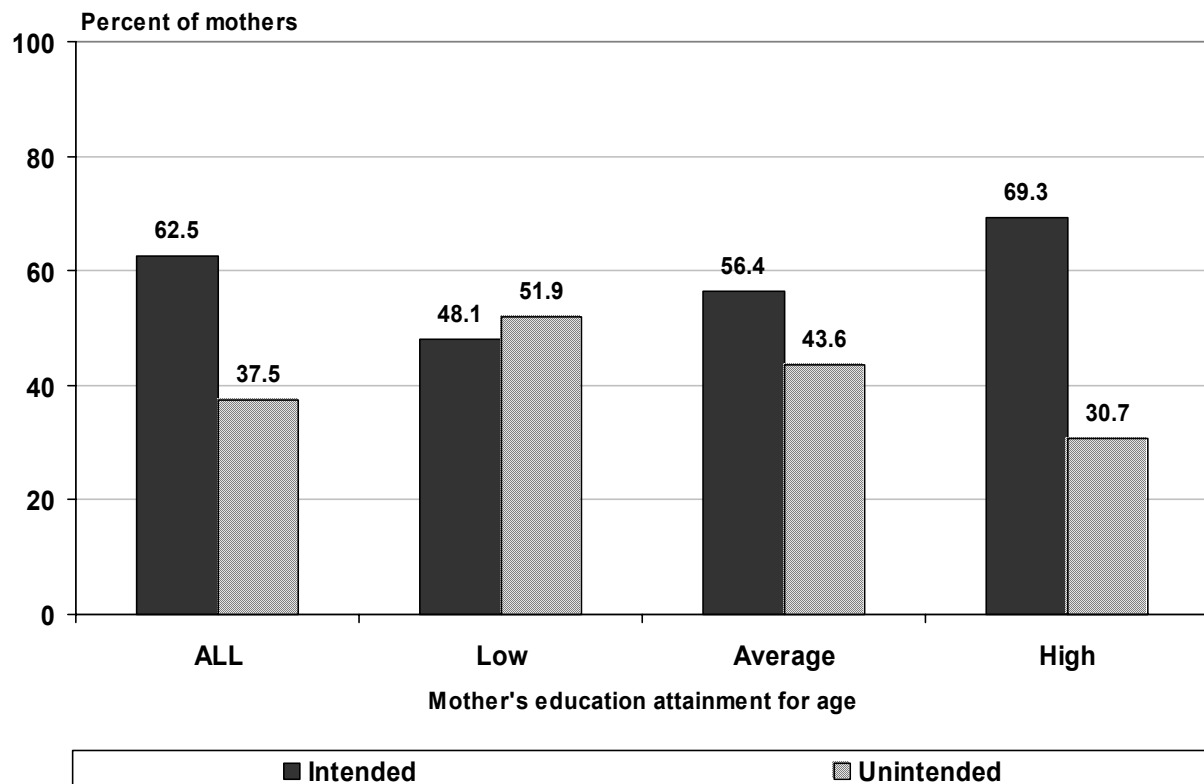
The percentage of unintended pregnancy was highest among Idaho resident adult mothers 18-19 years of age; 1.6 times higher than for mothers 20-24 years of age and 2.4 times higher than for mothers 25 years of age and older. This difference was statistically significant ($p=.05$).

Idaho PRATS

Intendedness of Pregnancy

By Mother's Education Attainment for Age

2001



Summary

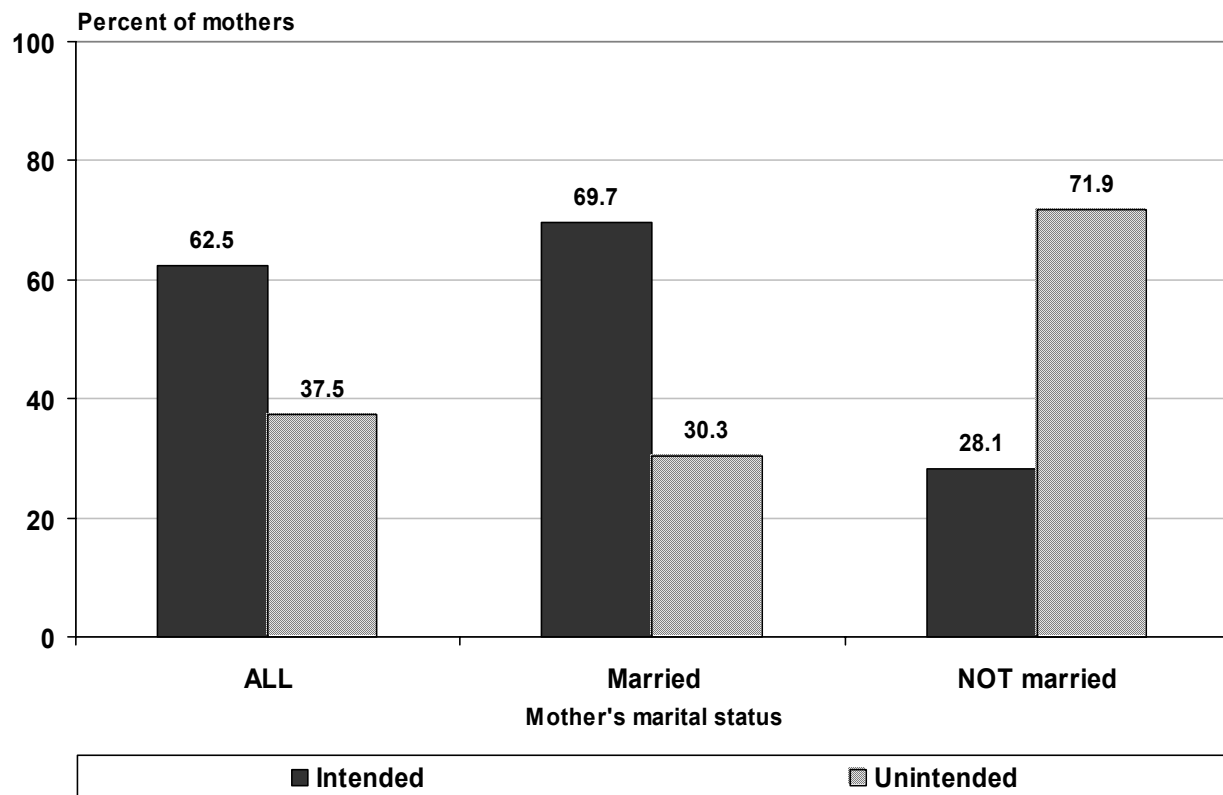
Idaho resident adult mothers with low or average education attainment for age were at higher risk for having an unintended pregnancy, compared with mothers with high education attainment for age. The difference was statistically significant ($p=.05$).

Idaho PRATS

Intendedness of Pregnancy

By Mother's Marital Status

2001



Summary

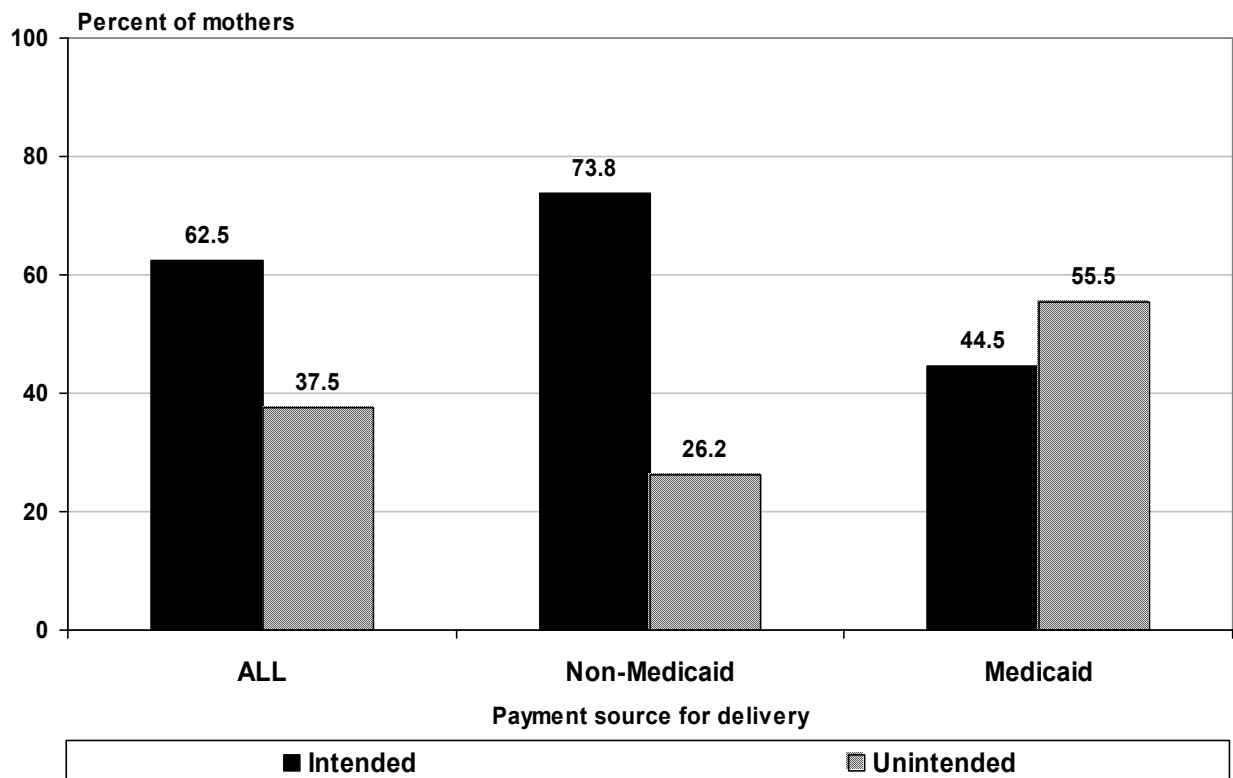
The prevalence of unintended pregnancy among Idaho resident adult mothers was 30.3 percent for mothers who were married compared with 71.9 percent for mothers who were not married. The difference was statistically significant ($p=.05$).

Idaho PRATS

Intendedness of Pregnancy

By Payment Source for Delivery

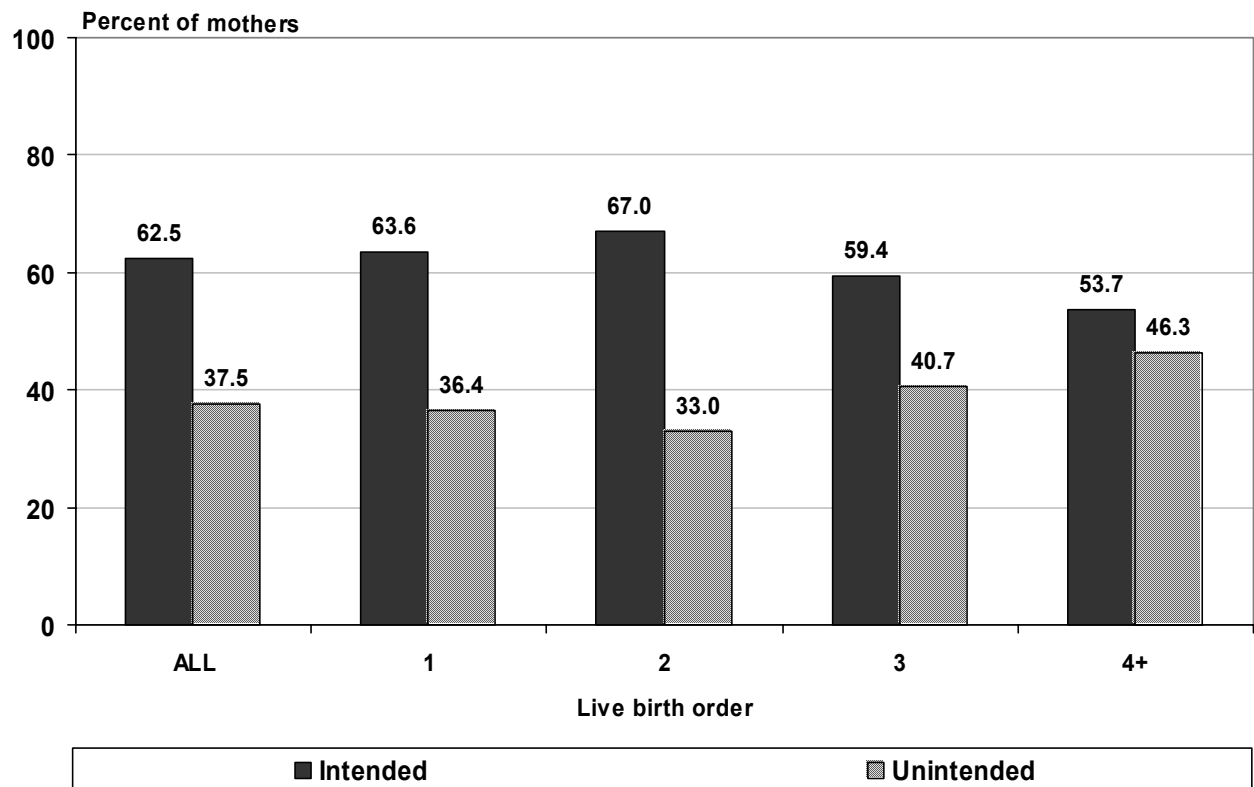
2001



Summary

The prevalence of unintended pregnancy among Idaho resident adult mothers varied by payment source for delivery. Over half (55.5 percent) of mothers whose delivery was paid for by Medicaid reported that their pregnancy was unintended at the time of conception. Comparatively, 26.2 percent of mothers whose delivery was paid for by some other source reported that their pregnancy was unintended at the time of conception. The difference was statistically significant ($p=.05$).

Idaho PRATS Intendedness of Pregnancy By Live Birth Order 2001

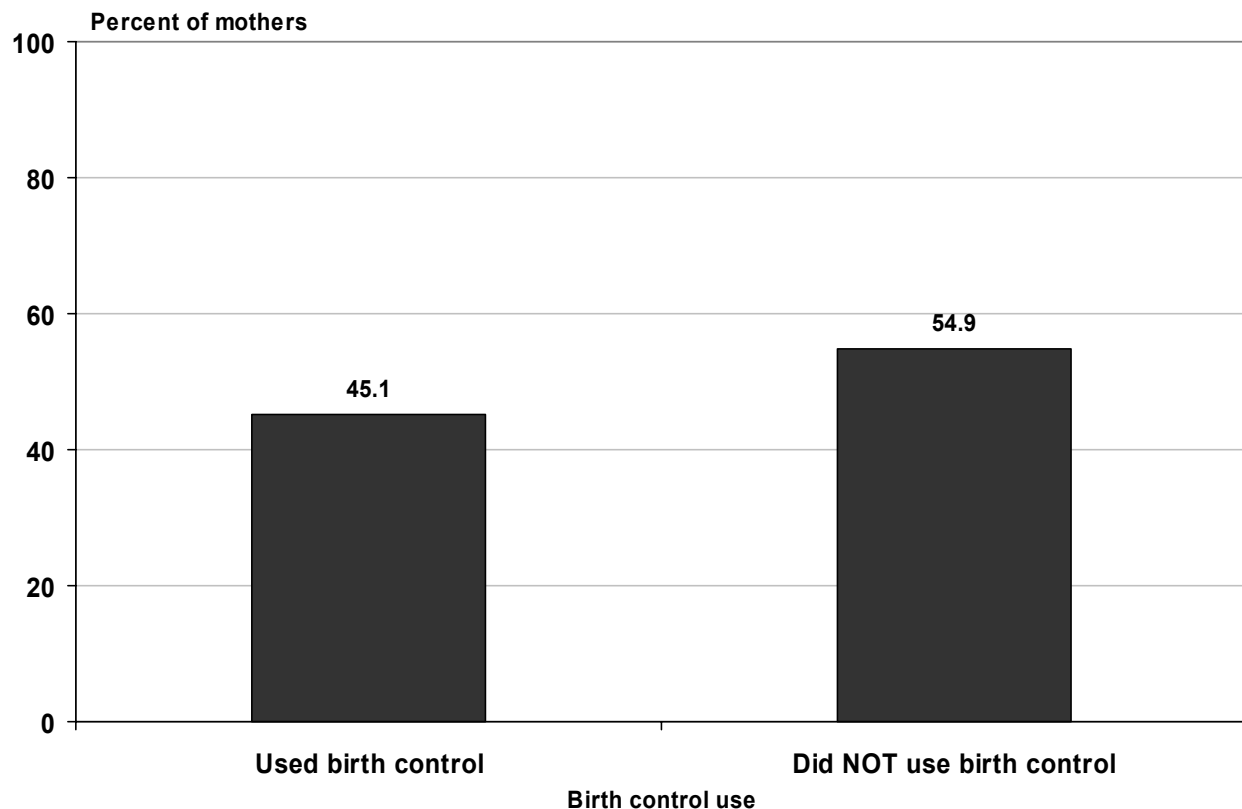


Summary

The prevalence of unintended pregnancy among Idaho resident adult mothers varied by the live birth order. Mothers who had a second order live birth were the least likely to have reported that the pregnancy was unintended at the time of conception. The difference was statistically significant ($p=.05$).

Idaho PRATS

Birth Control Utilization at Time of Conception Among Mothers Not Trying to Get Pregnant 2001

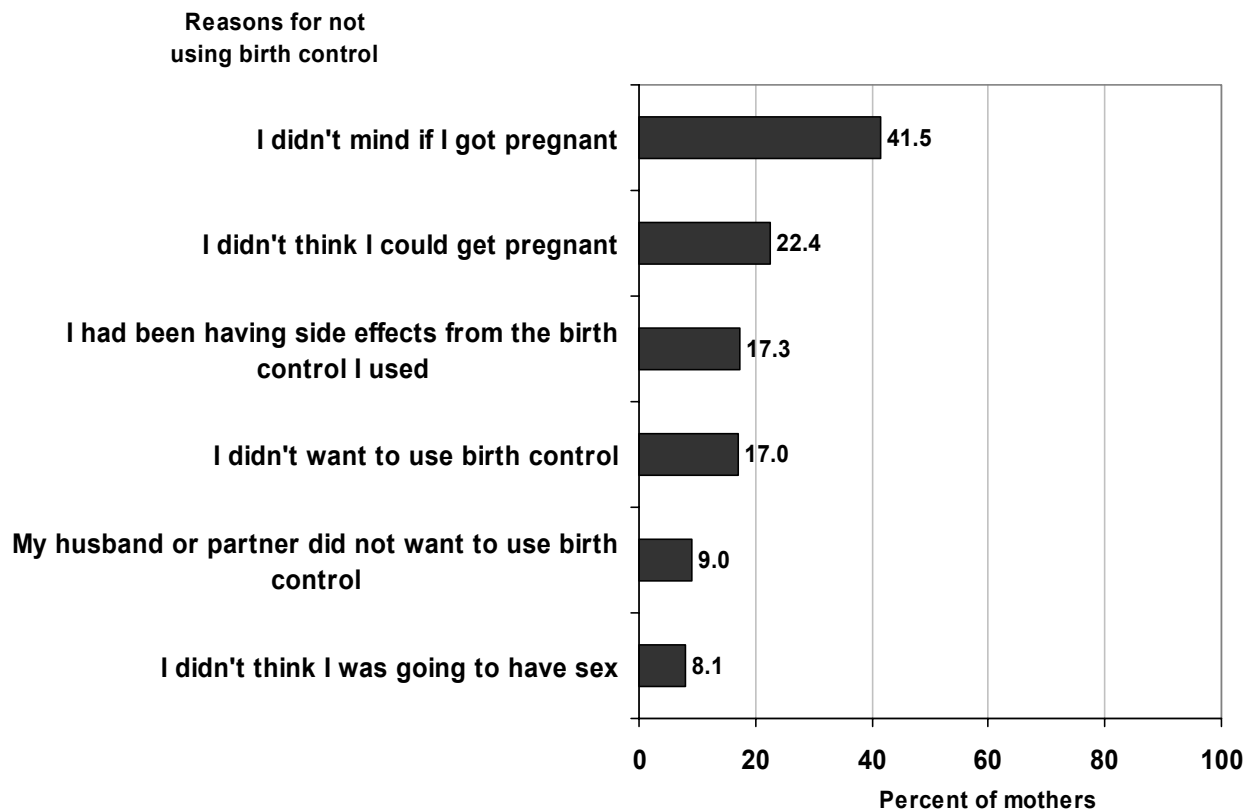


Summary

Among Idaho resident adult mothers who were not trying to become pregnant, 54.9 percent were not using birth control at the time of conception. Just less than half (45.1 percent) were using birth control at the time of conception.

Idaho PRATS

Reasons for Not Using Birth Control Among Mothers Not Trying to Get Pregnant 2001



Summary

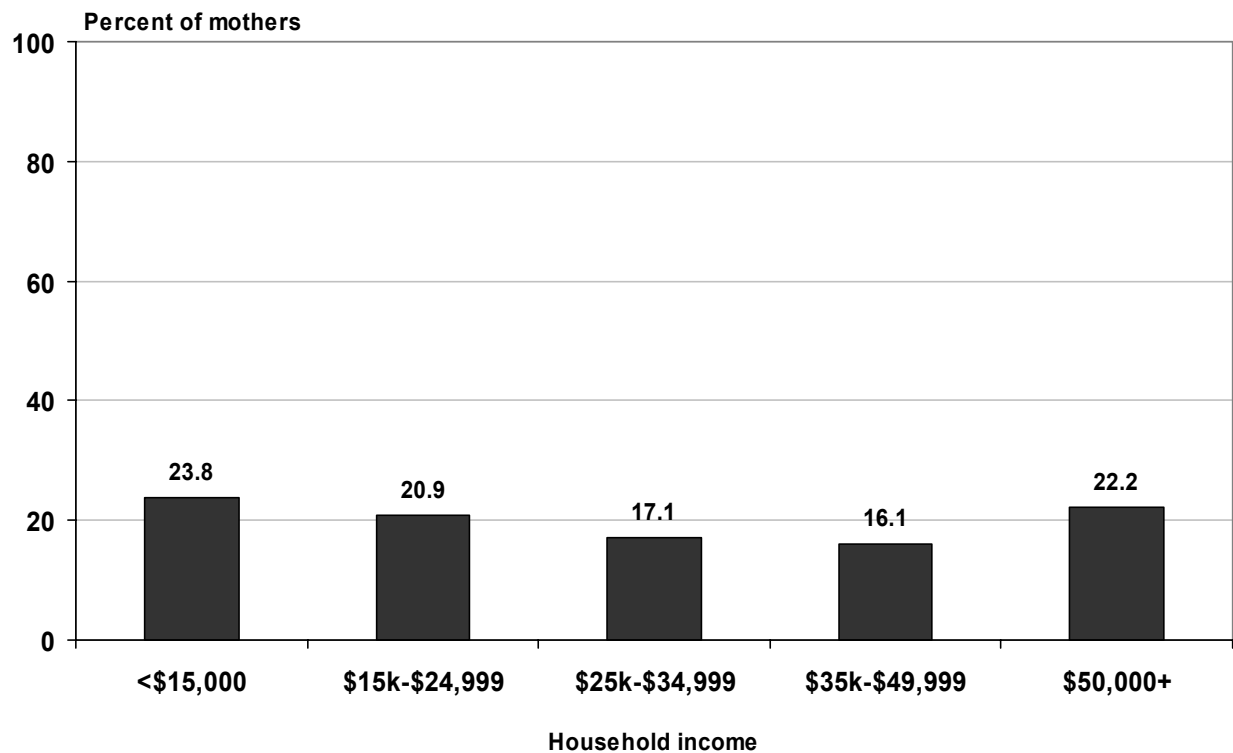
The most common reason given for not using birth control among Idaho resident adult mothers who were not trying to get pregnant was “I didn’t mind if I got pregnant” (41.5 percent). Other common responses were “I didn’t think I could get pregnant” (22.4 percent), “I had been having side effects from the birth control I used” (17.3 percent), and “I didn’t want to use birth control” (17.0 percent).

HOUSEHOLD INCOME AND HEALTH INSURANCE

Idaho PRATS

Household Income 12 Months Prior to Pregnancy

2001



Summary

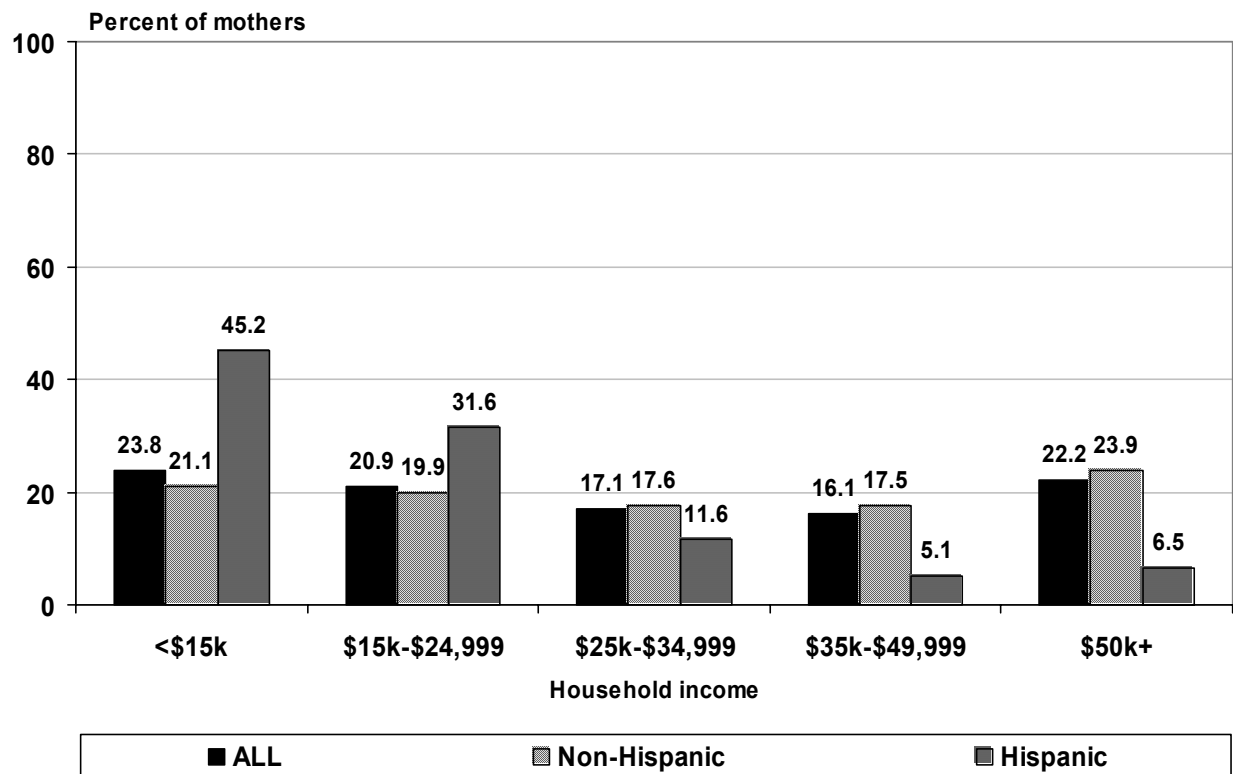
Approximately 1 of 4 Idaho resident adult mothers reported an annual household income of less than \$15,000 during the 12 months prior to becoming pregnant. Just over 60.0 percent of Idaho resident adult mothers reported an annual household income of less than \$35,000 during the 12 months prior to becoming pregnant.

Idaho PRATS

Household Income 12 Months Prior to Pregnancy

By Mother's Ethnicity

2001

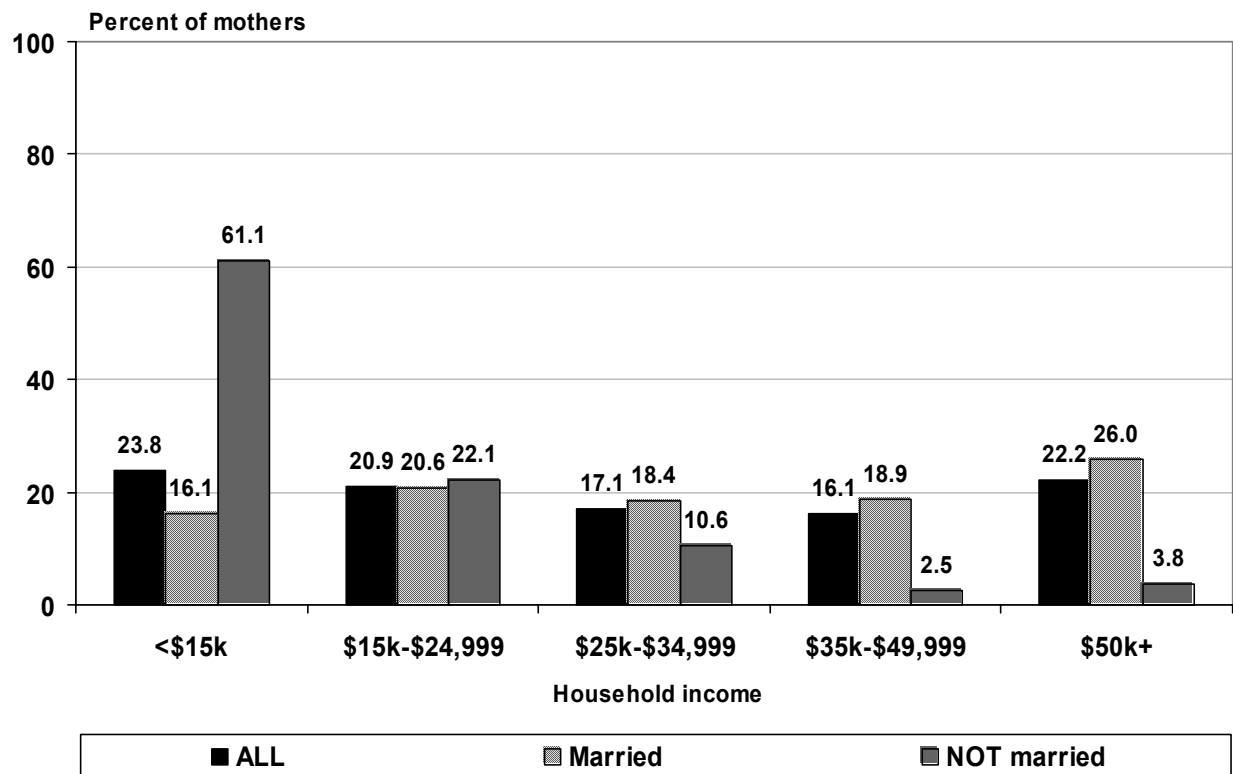


Summary

For Idaho resident adult mothers, the distribution of annual household income varied significantly by mother's ethnicity. Hispanic mothers were 2.1 times more likely to have an annual household income of less than \$15,000, compared with non-Hispanic mothers (45.2 percent and 21.1 percent respectively). Hispanic mothers were 3.7 times less likely to have an income of more than \$50,000 (6.5 percent) than non-Hispanic mothers (23.9 percent). This difference was statistically significant ($p=.05$).

Idaho PRATS

Household Income 12 Months Prior to Pregnancy By Mother's Marital Status 2001

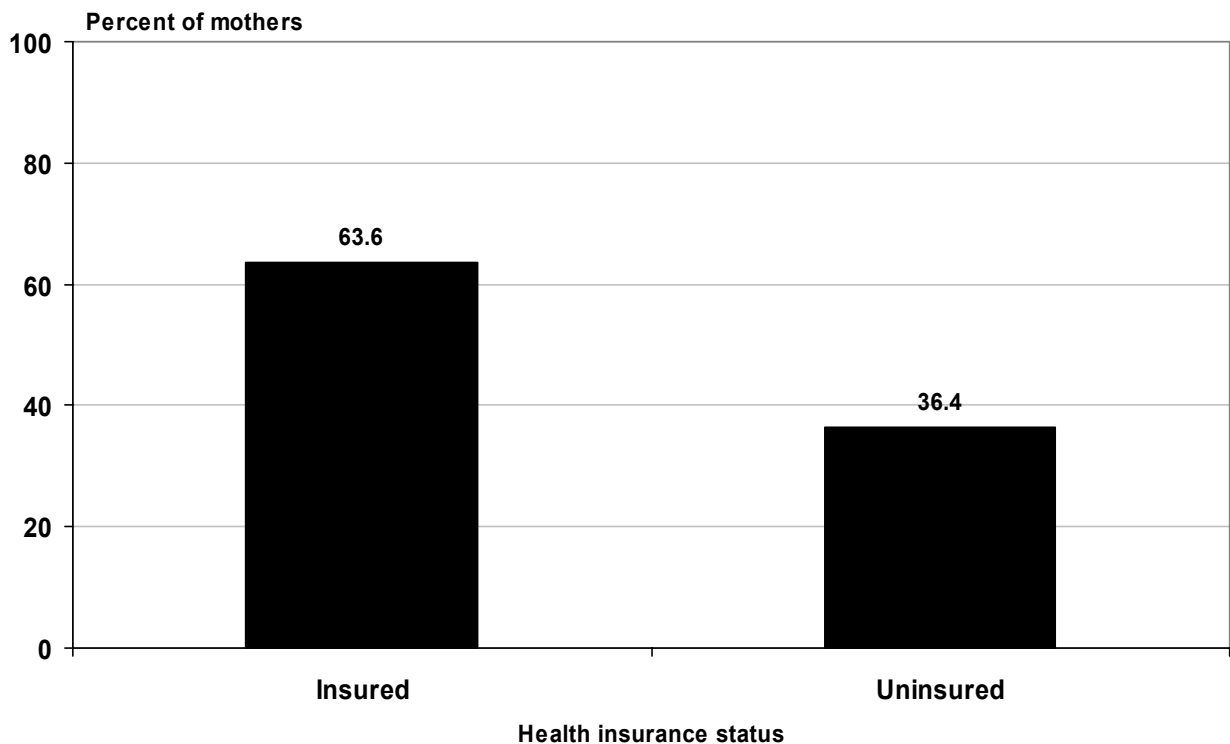


Summary

The economic disparity between Idaho resident adult mothers who were married and those who were not married is evident from the graph. Over half (61.1 percent) of mothers who were not married had an annual household income of less than \$15,000, compared with 16.1 percent of married mothers. The difference was statistically significant ($p=.05$).

Idaho PRATS

Health Insurance Status Before Pregnancy (Excluding Medicaid) 2001

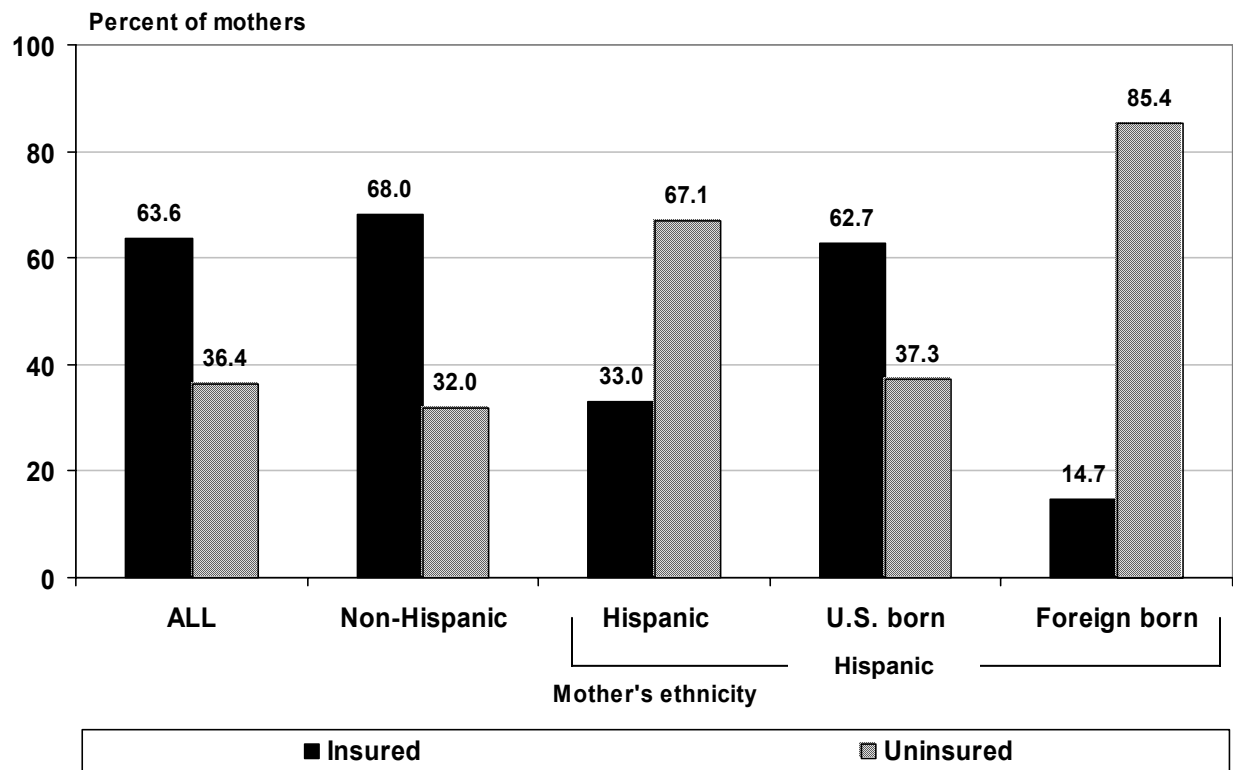


Summary

PRATS respondents were asked whether they had health insurance at the time just before becoming pregnant (not including Medicaid). More than 1 of 3 Idaho resident adult mothers (36.4 percent) reported that they did not have health insurance at the time just before pregnancy. Among mothers without private insurance, 9.1 percent reported that they were on Medicaid at the time just before becoming pregnant.

Idaho PRATS

Health Insurance Status Before Pregnancy (Excluding Medicaid) by Mother's Ethnicity 2001

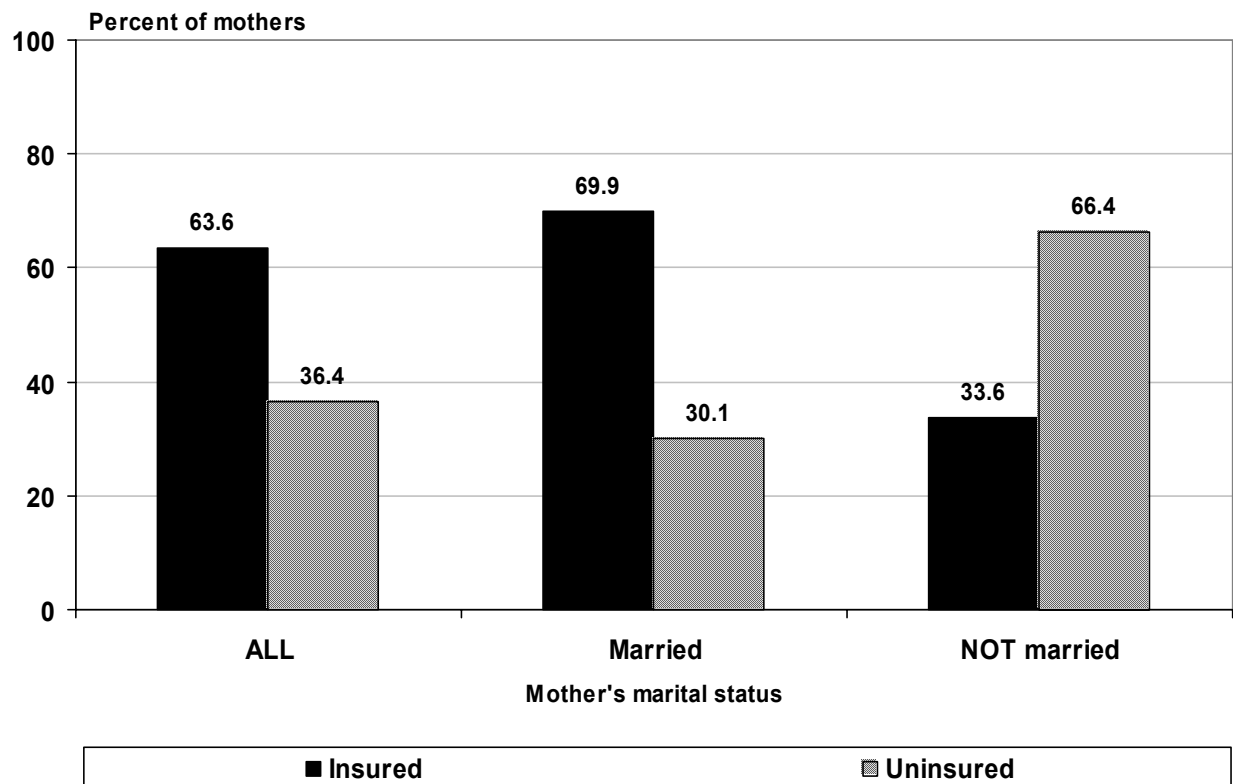


Summary

Among Idaho resident adult mothers, the relative risk of not having health insurance before pregnancy varied by mother's ethnicity and place of birth (mother's place of birth is a proxy indicator for citizenship status). Hispanic mothers had a 2.1 times higher risk of being uninsured, compared with non-Hispanic mothers. The differences were also pronounced when comparing Hispanic mothers by place of birth. Hispanic foreign-born mothers had a 2.9 times higher risk of being uninsured, compared with Hispanic U.S.-born mothers. These differences were statistically significant ($p=.05$).

Idaho PRATS

Health Insurance Status Before Pregnancy (Excluding Medicaid) by Mother's Marital Status 2001

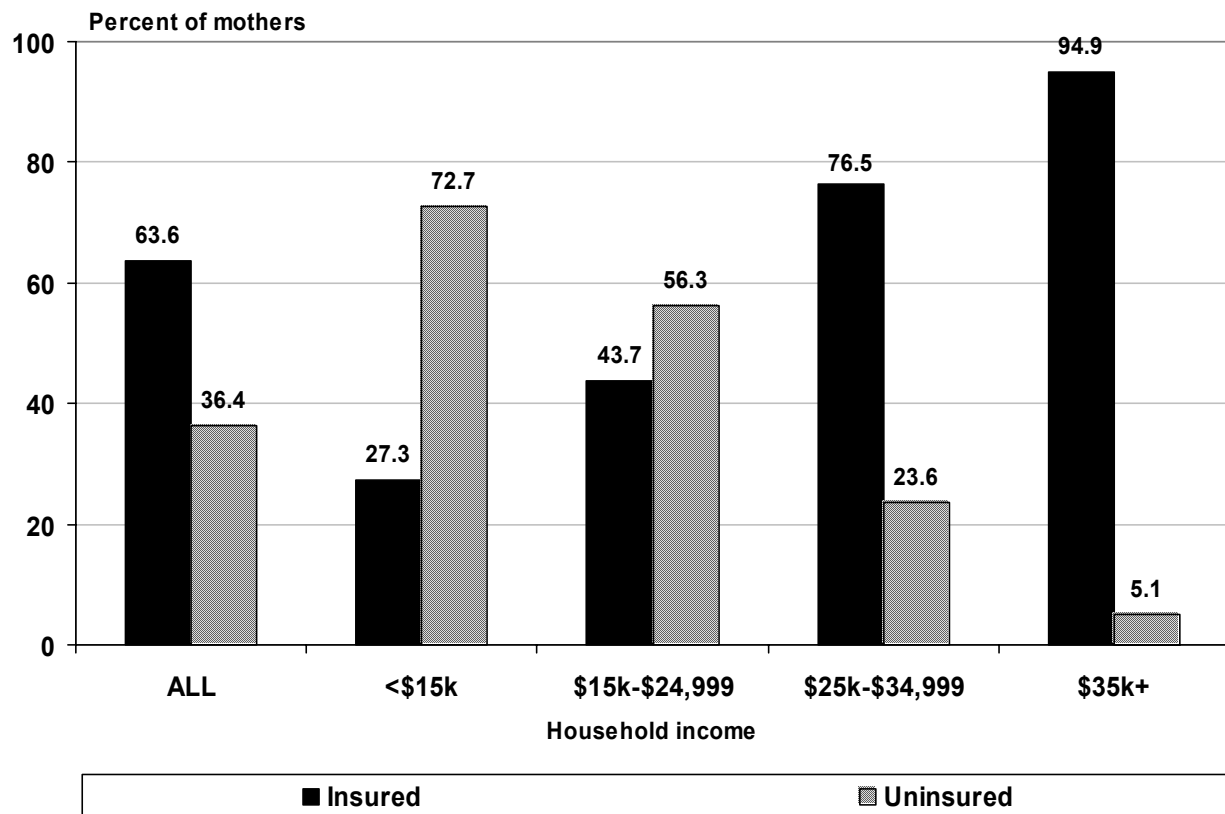


Summary

Among Idaho resident adult mothers, the relative risk of not having health insurance before pregnancy varied by mother's marital status. Mothers who were not married had a 2.2 times higher risk of being uninsured, compared with married mothers. The difference was statistically significant ($p=.05$).

Idaho PRATS

Health Insurance Status Before Pregnancy (Excluding Medicaid) by Household Income 2001

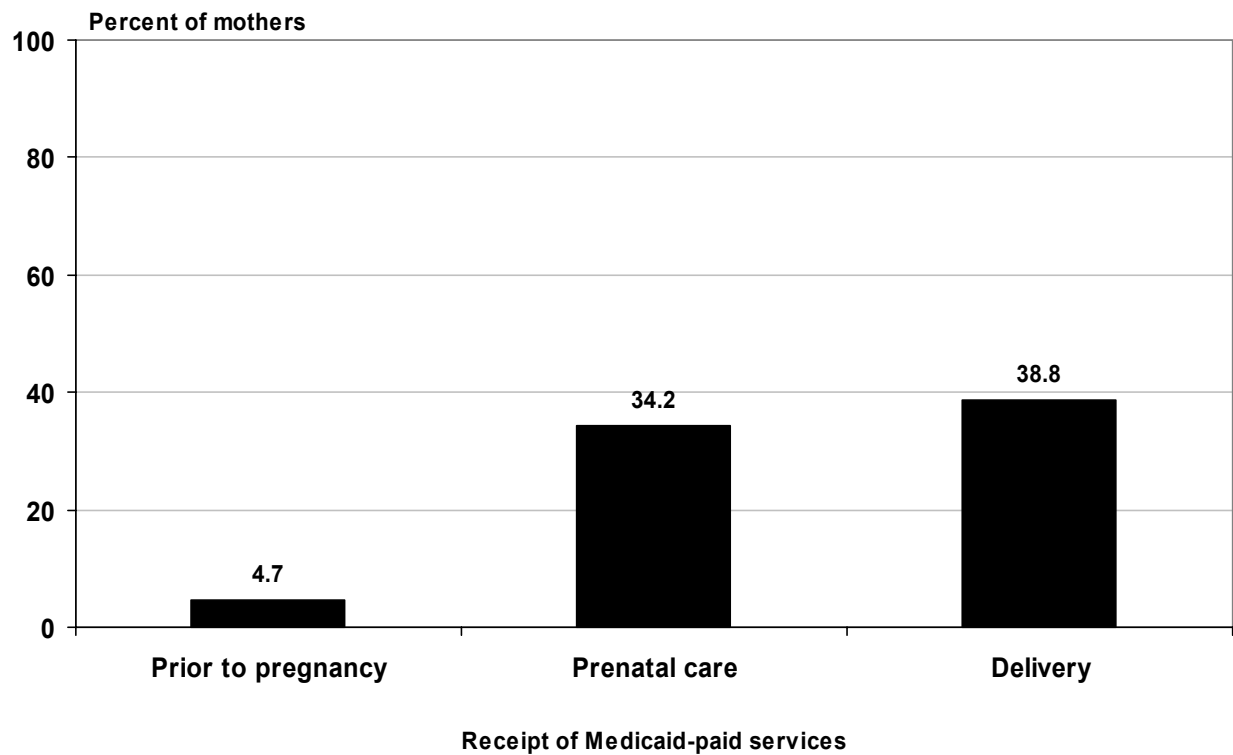


Summary

As expected, Idaho resident adult mothers in the lower household income categories were at the highest risk for being uninsured at the time just before pregnancy. Mothers who reported an annual household income of less than \$15,000 were 14.3 times more likely to be uninsured compared with mother who reported an annual income of \$35,000 or higher. This difference was statistically significant ($p=.05$).

MEDICAID UTILIZATION

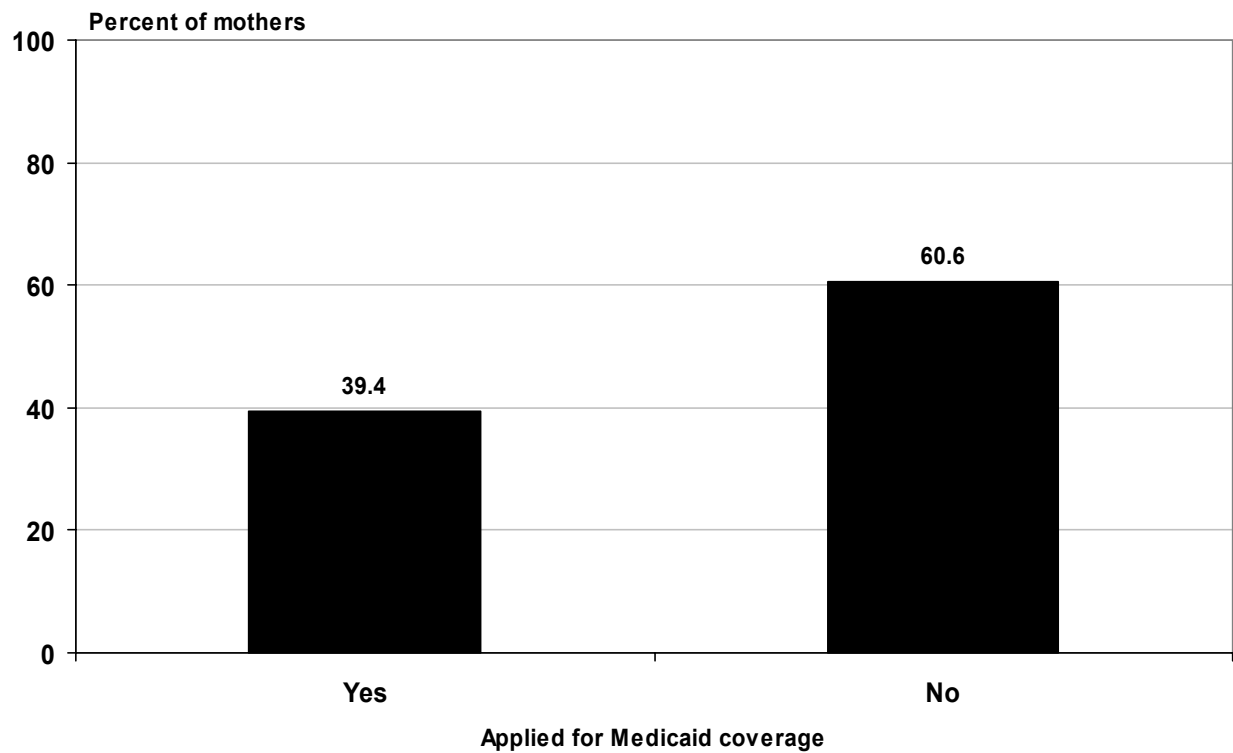
Idaho PRATS Medicaid Utilization 2001



Summary

Only 4.7 percent of Idaho resident adult mothers reported that they were enrolled in Medicaid prior to pregnancy. Slightly more than one-third of mothers (34.2 percent) reported using Medicaid to pay for prenatal care services. Finally, 38.8 percent of mothers indicated that Medicaid paid for the cost of delivery.

Idaho PRATS Application for Medicaid 2001



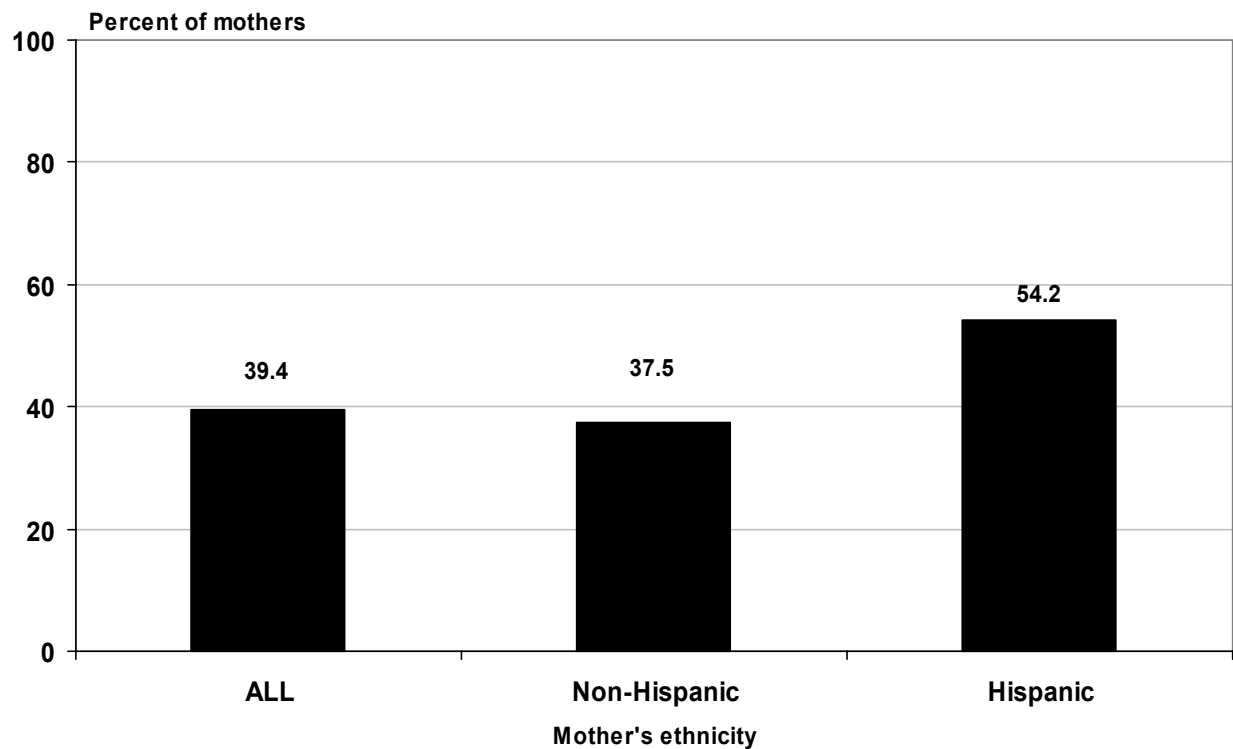
Summary

More than 1 of 3 (39.4 percent) of Idaho resident adult mothers applied for Medicaid coverage during their pregnancy.

Idaho PRATS

Application for Medicaid by Mother's Ethnicity

2001



Summary

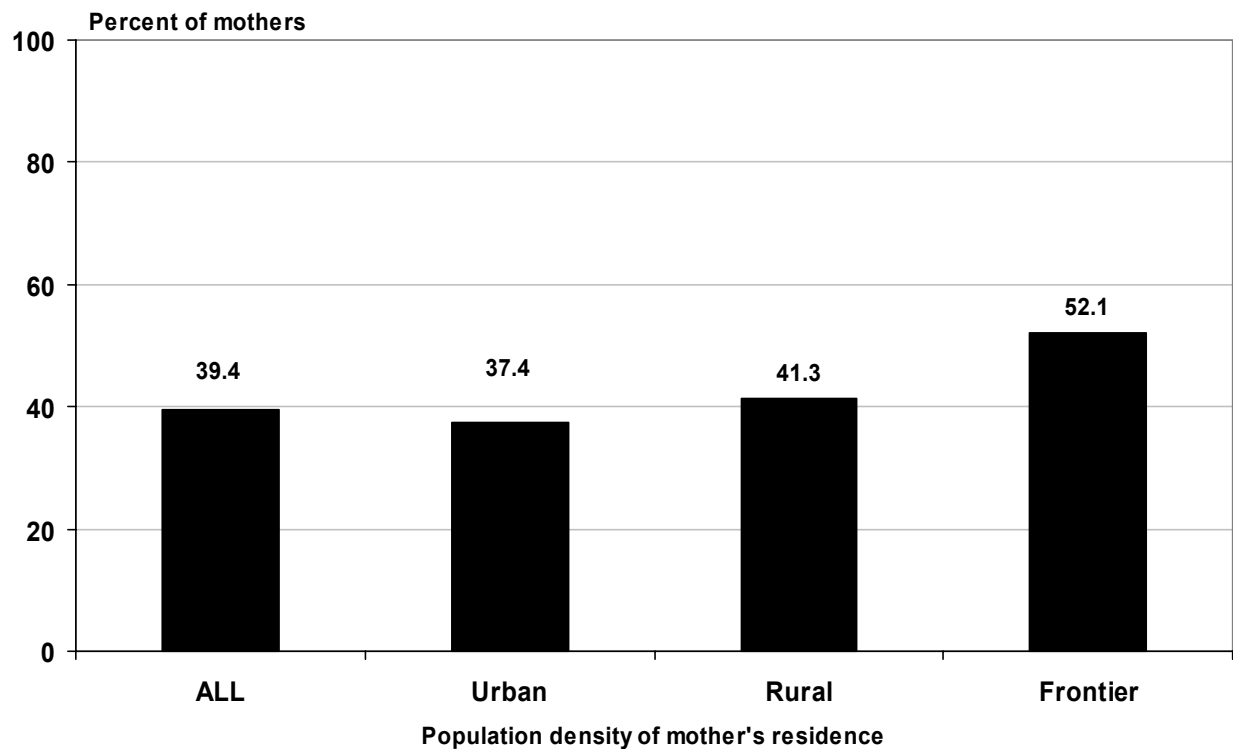
Over half (54.2 percent) of Hispanic Idaho resident adult mothers applied for Medicaid coverage during their pregnancy. Hispanic mothers were 1.4 times more likely to apply for Medicaid than non-Hispanic mothers ($p=.05$).

Idaho PRATS

Application for Medicaid

By Population Density of Mother's Residence

2001



Summary

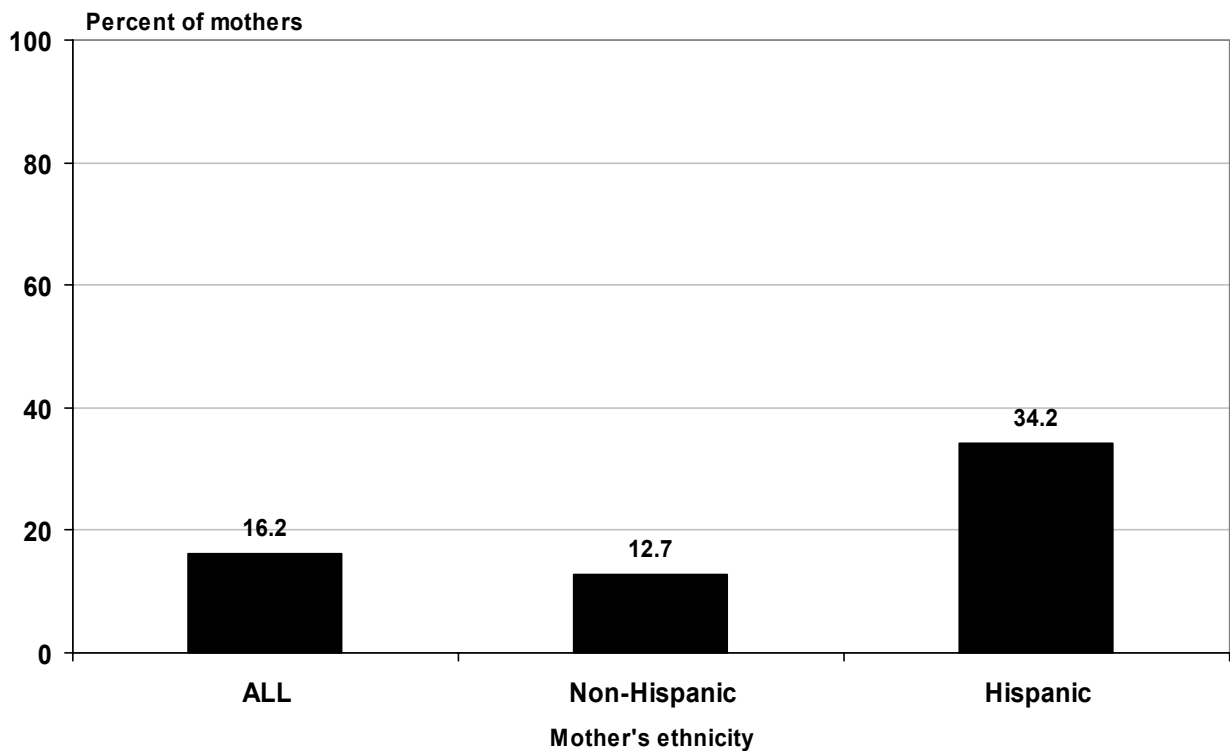
Idaho resident adult mothers who lived in frontier counties, counties with population density of less than six persons per square mile, were more likely to try to get Medicaid coverage during their pregnancy (52.1 percent) than mothers who lived in urban counties, counties with a population center of 20,000 persons or more (37.4 percent). The difference was statistically significant ($p=.05$).

Idaho PRATS

Ineligibility for Medicaid by Mother's Ethnicity

Among Mothers Who Applied for Medicaid

2001

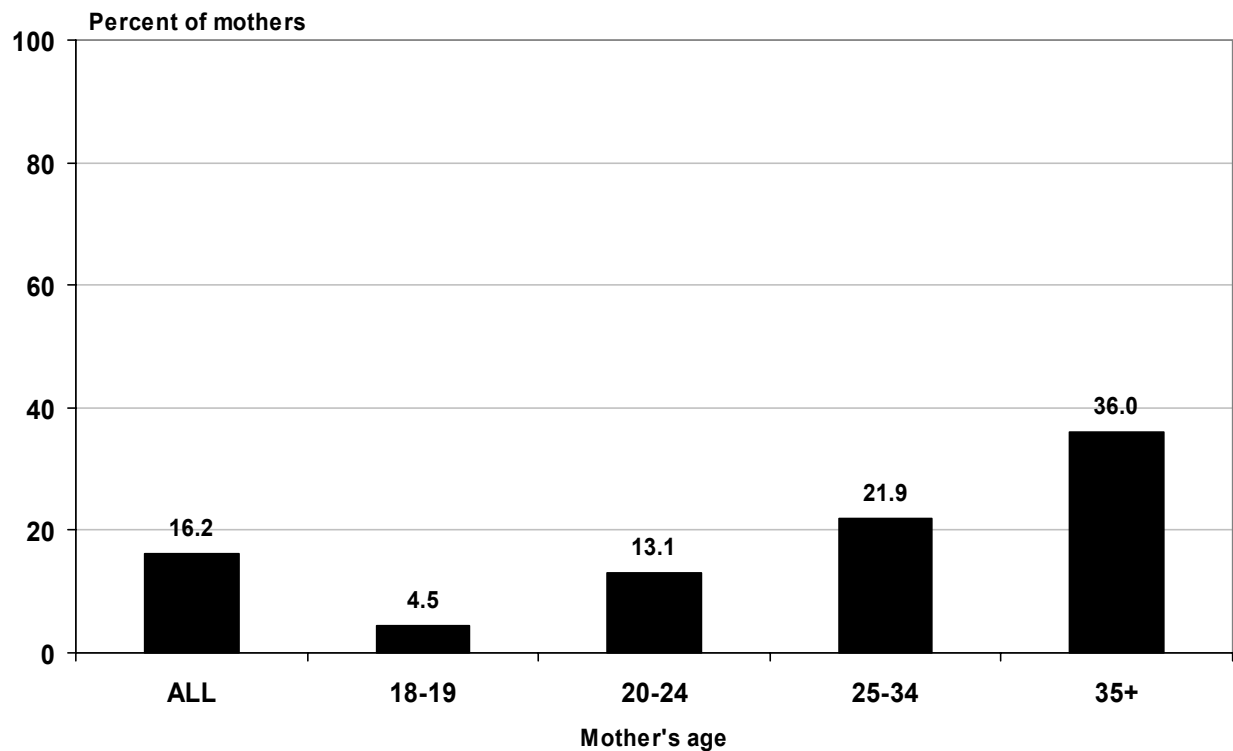


Summary

Of mothers who applied for Medicaid coverage during pregnancy, more Hispanic mothers were told that they were not eligible for Medicaid services (34.2 percent) than non-Hispanic mothers (12.7 percent). The difference was statistically significant ($p=.05$).

Idaho PRATS

Ineligibility for Medicaid by Mother's Age Among Mothers Who Applied for Medicaid 2001



Summary

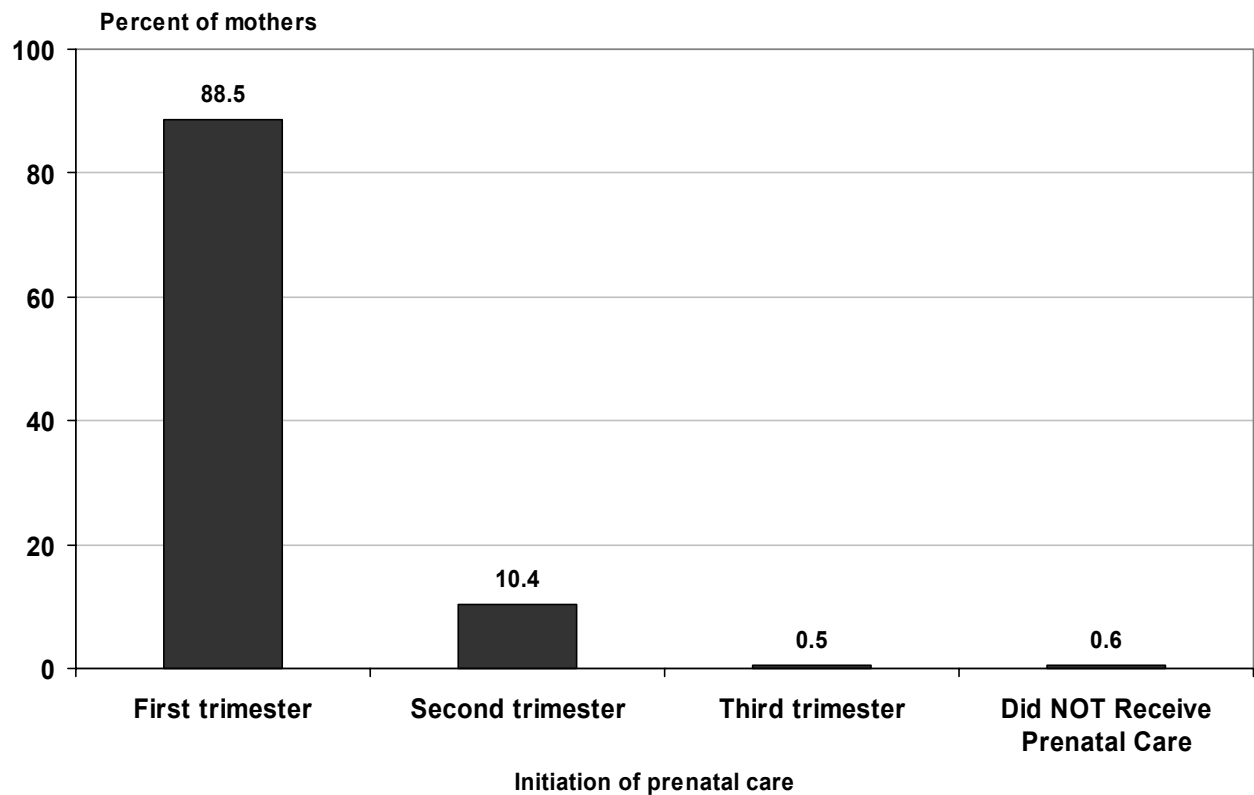
Of mothers who applied for Medicaid coverage during pregnancy, more mothers aged 35 and older were told they were ineligible for Medicaid services (36.0 percent) than any other age group. This difference was statistically significant ($p=.05$).

PRENATAL HEALTH CARE

Idaho PRATS

Initiation of Prenatal Care

2001



Summary

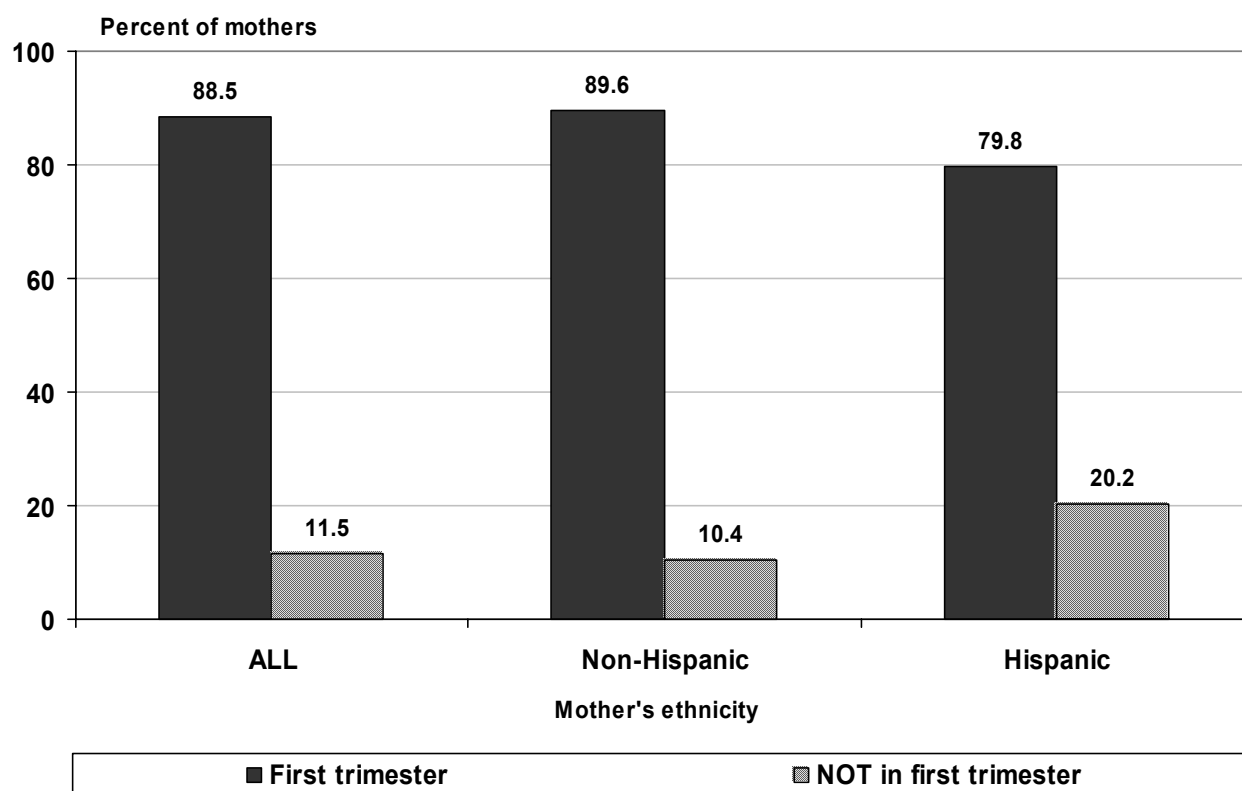
PRATS respondents were asked when they had their first visit for prenatal care. Most (88.5 percent) had their first prenatal visit during their first trimester of pregnancy. One of ten PRATS respondents (10.4 percent) did not begin prenatal care until the second trimester of pregnancy. Only 0.5 percent of respondents did not receive any prenatal care until their third trimester of pregnancy and 0.6 percent of respondents did not receive any prenatal care. On average, Idaho resident adult mothers began prenatal care in the 11th week of pregnancy.

Idaho PRATS

First Trimester Prenatal Care Utilization

By Mother's Ethnicity

2001



Summary

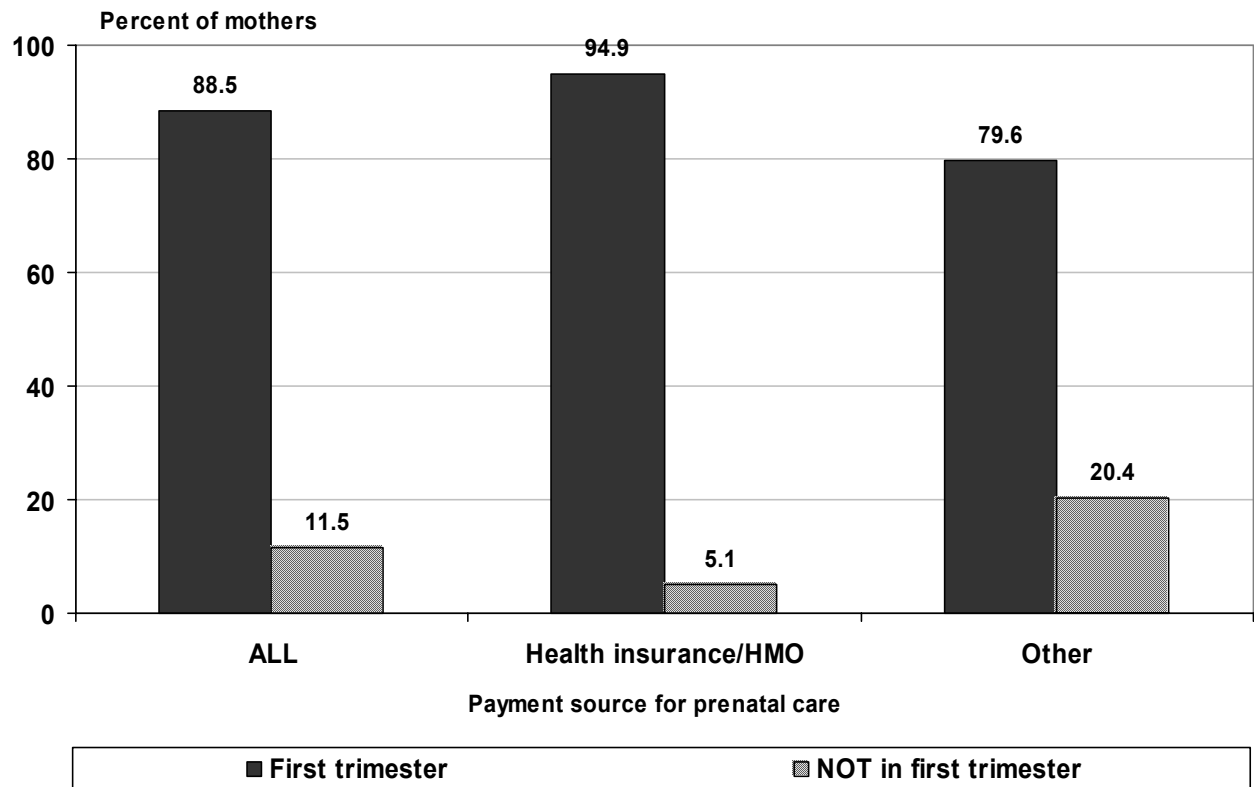
Among PRATS respondents, Hispanic mothers were less likely to initiate prenatal care in the first trimester (79.8 percent) than non-Hispanic mothers (89.6 percent). Hispanic mothers were 1.9 times more likely to initiate prenatal care after the first trimester or not at all than non-Hispanic mothers. This difference was significant ($p=.05$).

Idaho PRATS

First Trimester Prenatal Care Utilization

By Payment Source for Prenatal Care

2001



Summary

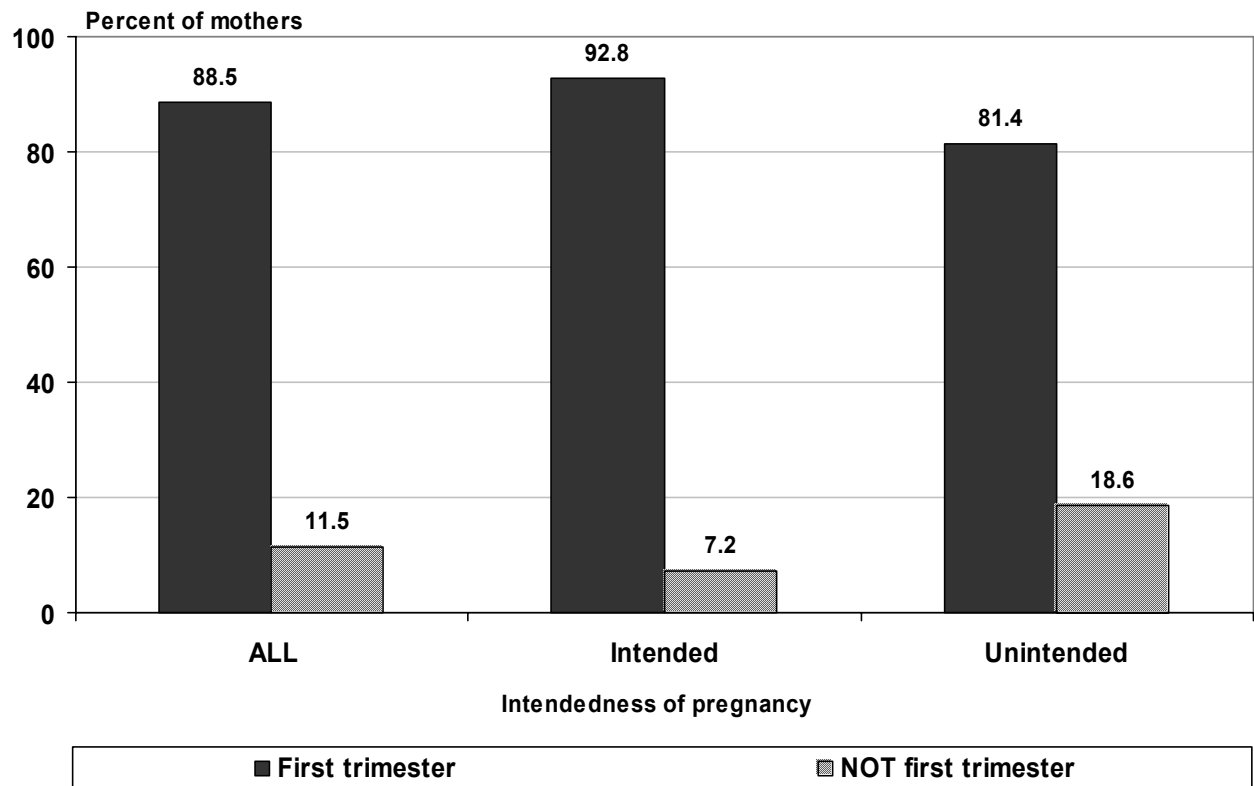
Idaho adult resident mothers whose prenatal care was paid for by private health insurance or HMO were more likely to initiate prenatal care in the first trimester (94.9 percent) than mothers whose prenatal care was paid for by some other source (79.6 percent). Other sources include Medicaid, personal income, the military, and The Indian Health Service. This difference was statistically significant ($p=.05$).

Idaho PRATS

First Trimester Prenatal Care Utilization

By Intendedness of Pregnancy

2001

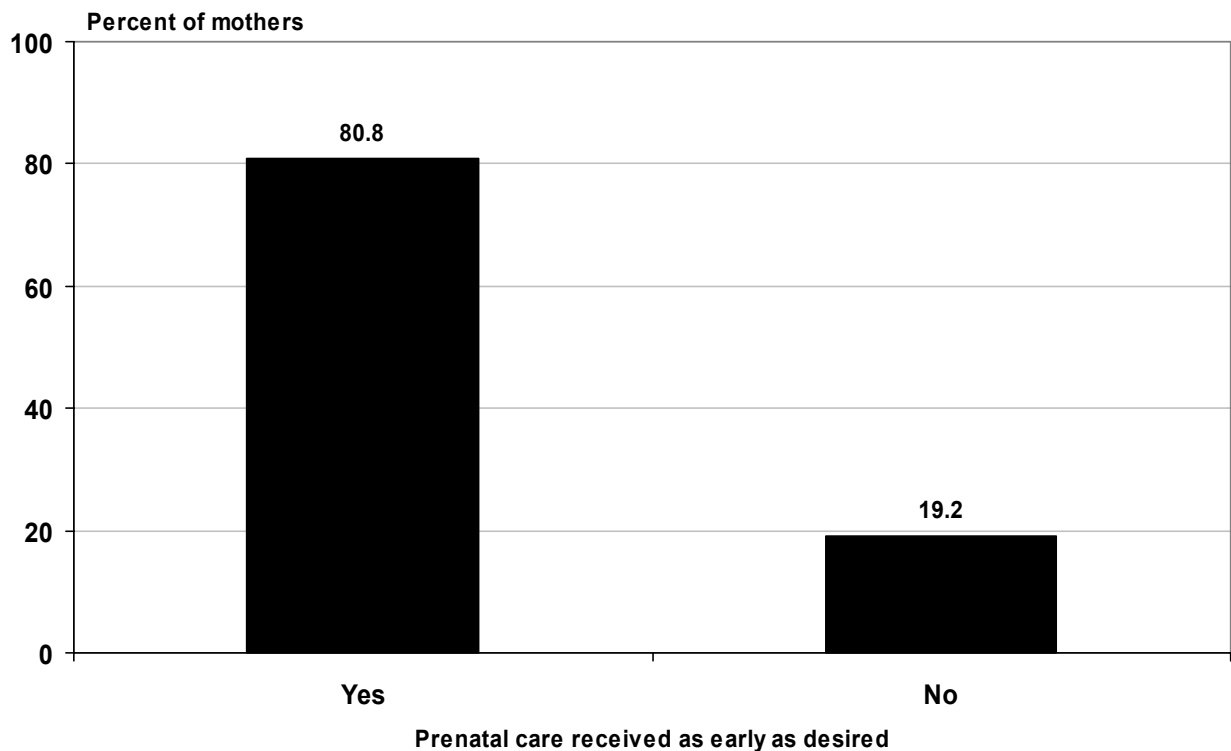


Summary

The relationship between intendedness of pregnancy and the likelihood of initiating prenatal care in the first trimester is evident from the graph. Idaho resident adult mothers who intended to become pregnant were more likely to initiate prenatal care in the first trimester, compared with mothers who did not intend to become pregnant, 92.8 percent and 81.4 percent respectively. The difference was statistically significant ($p=.05$).

Idaho PRATS

Prenatal Care Received As Early As Mother Desired 2001

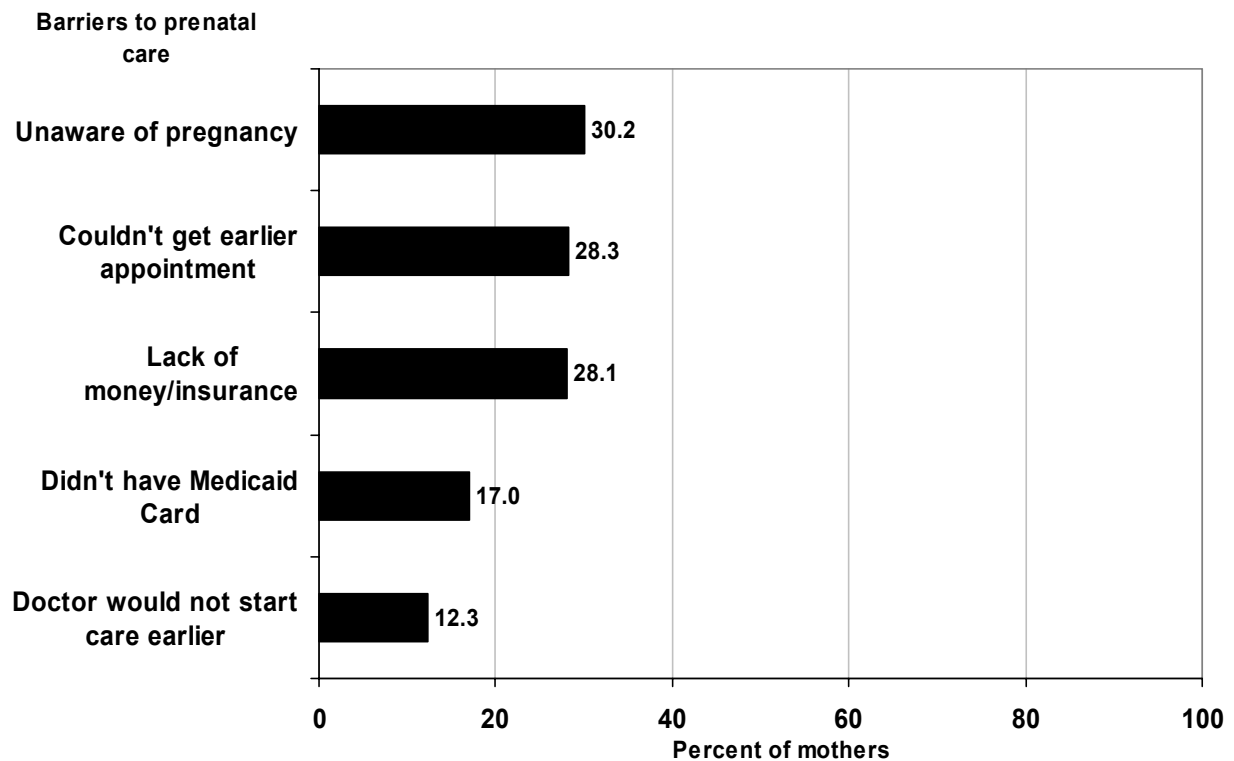


Summary

PRATS respondents who received some prenatal care were asked if they received care as early in their pregnancy as desired. The results indicate that 80.8 percent of Idaho resident adult mothers received prenatal care as early in their pregnancy as they wanted. Of these mothers, 94.7 percent received care in the first trimester. Of the 19.2 percent of mothers who did not receive prenatal care as early in their pregnancy as desired, 66.3 percent actually did receive care in the first trimester.

Idaho PRATS

Selected Barriers to Receiving Early Prenatal Care 2001

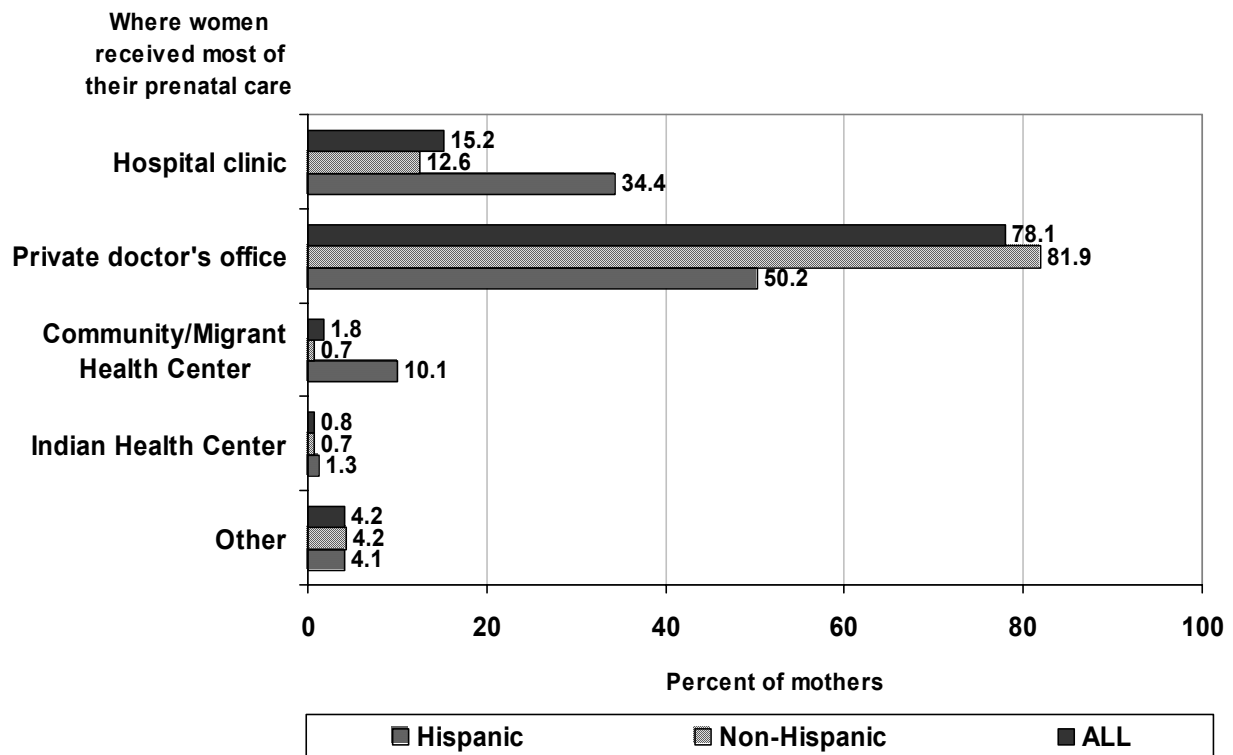


Summary

The most common reason given by PRATS respondents for not receiving prenatal care as early in their pregnancy as they desired was not knowing they were pregnant (30.2 percent). Other common reasons were not being able to get an earlier appointment (28.3 percent), not having enough money or insurance to pay for the visits (28.1 percent), not having a Medicaid card (17.0 percent) and having a doctor who would not start prenatal care earlier (12.3 percent).

Idaho PRATS

Where Women Go For Prenatal Care By Mother's Ethnicity 2001

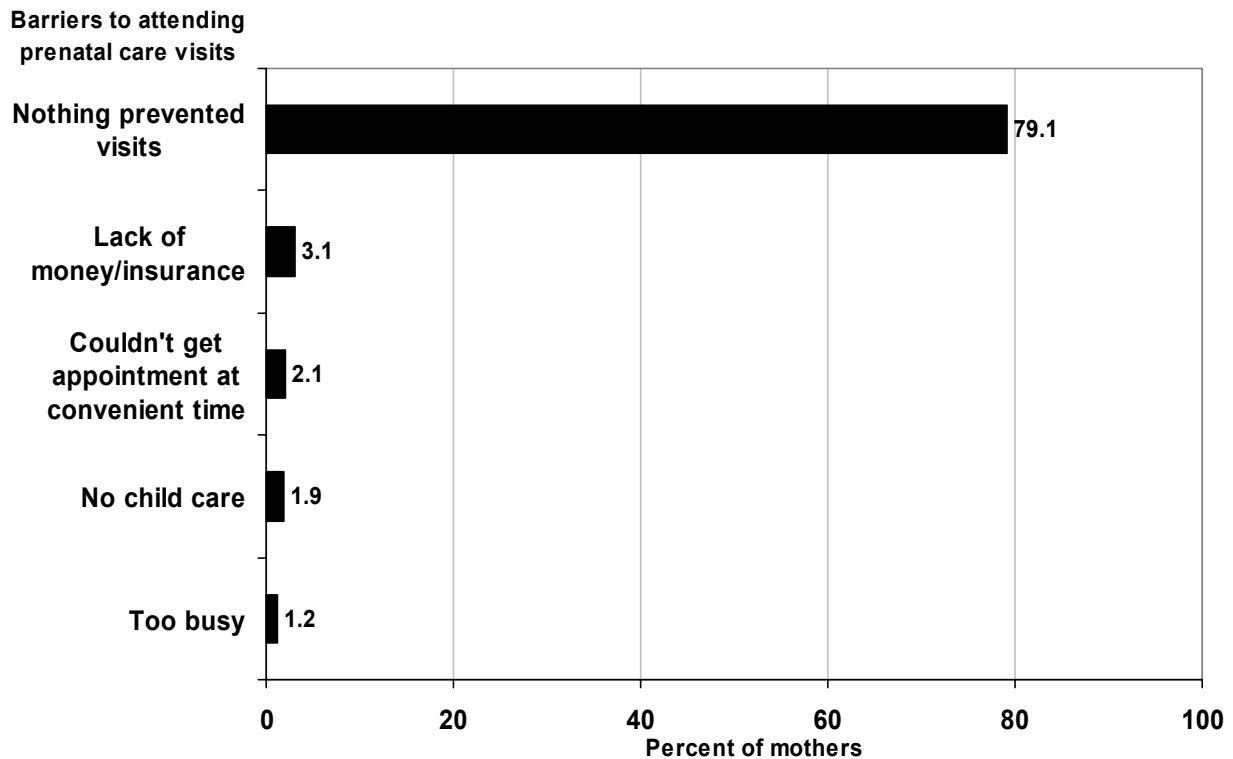


Summary

PRATS respondents were asked where they went for most of their prenatal care. The majority of Idaho resident adult mothers who received prenatal care went to a private doctor's office (78.1 percent). Comparatively, only 50.2 percent of Hispanic mothers who received prenatal care went to a private doctor's office. Hispanic mothers were 14.4 times more likely to have received prenatal care at a community/migrant health center (10.1 percent) compared with non-Hispanic mothers (0.7 percent). This difference was statistically significant.

Idaho PRATS

Selected Barriers to Attending Prenatal Care Visits 2001

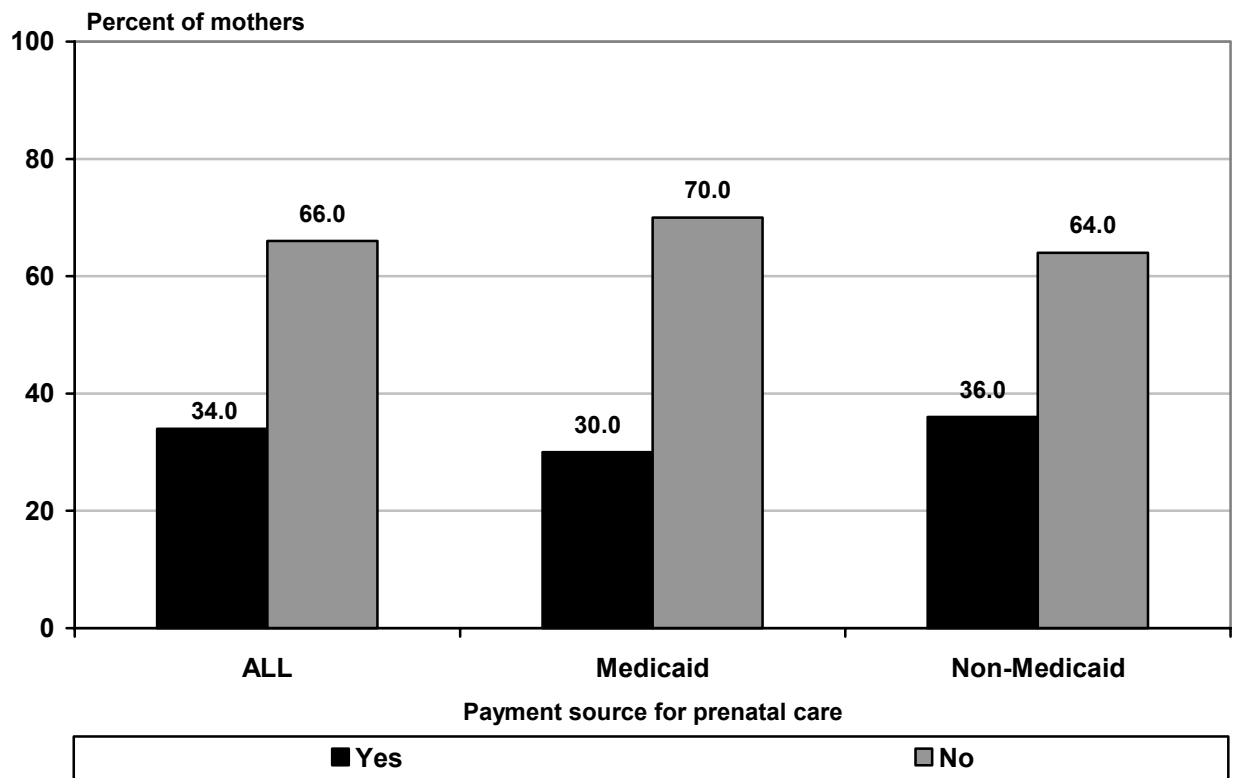


Summary

Most PRATS respondents reported that nothing kept them from attending their scheduled prenatal care visits (79.1 percent). The most common reason for not attending prenatal care visits was not having enough money or insurance to pay for the visit (3.1 percent). Other common reasons included not being able to get an appointment at a convenient time (2.1 percent), not having child care (1.9 percent), and having too many other things going on (1.2 percent).

Idaho PRATS

Discussion of Dental Care During Prenatal Care By Payment Source for Prenatal Care 2001



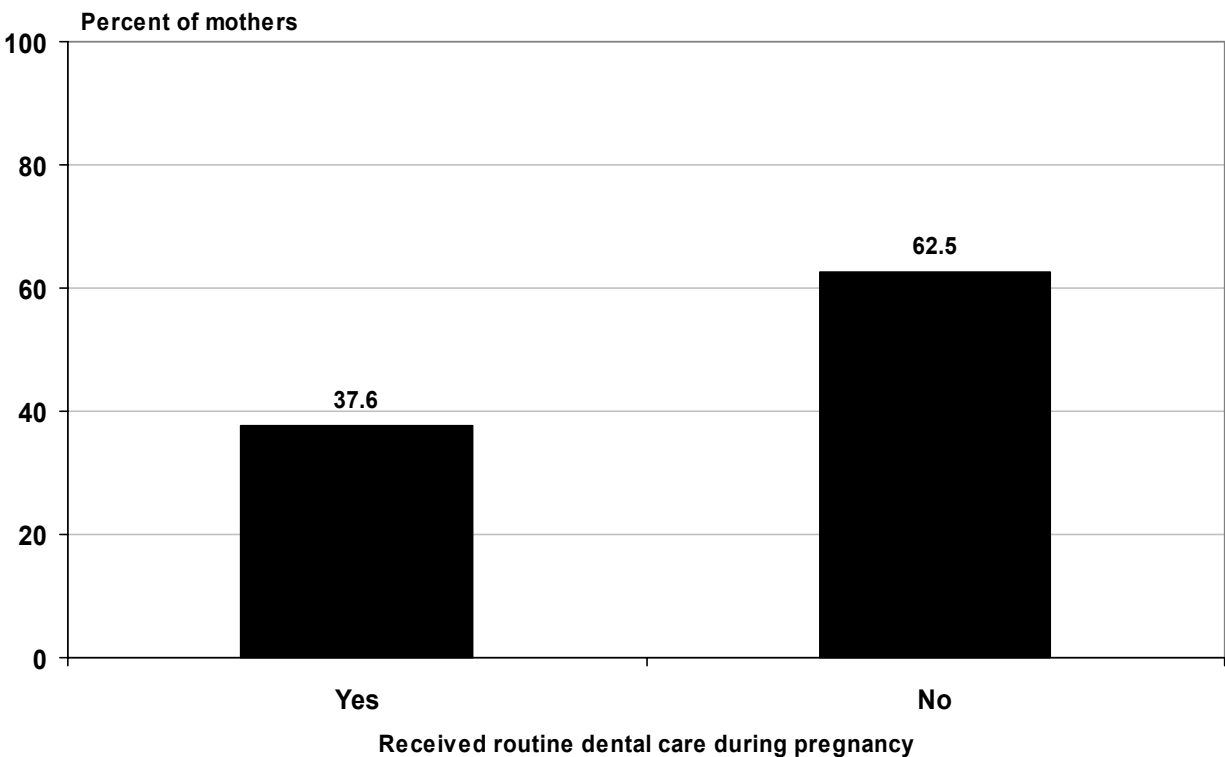
Summary

One-third (34.0 percent) of PRATS respondents reported that a doctor, nurse, or other health care provider talked to them about the importance of getting regular dental care during pregnancy. PRATS respondents whose prenatal care was paid for by Medicaid were less likely to have received this information (30.0 percent) than those who had some other type of coverage (36.0 percent). Other types of coverage include personal income, private health insurance or HMO, the military, and Indian Health Services. The difference was statistically significant ($p=.05$).

Idaho PRATS

Dental Care During Pregnancy

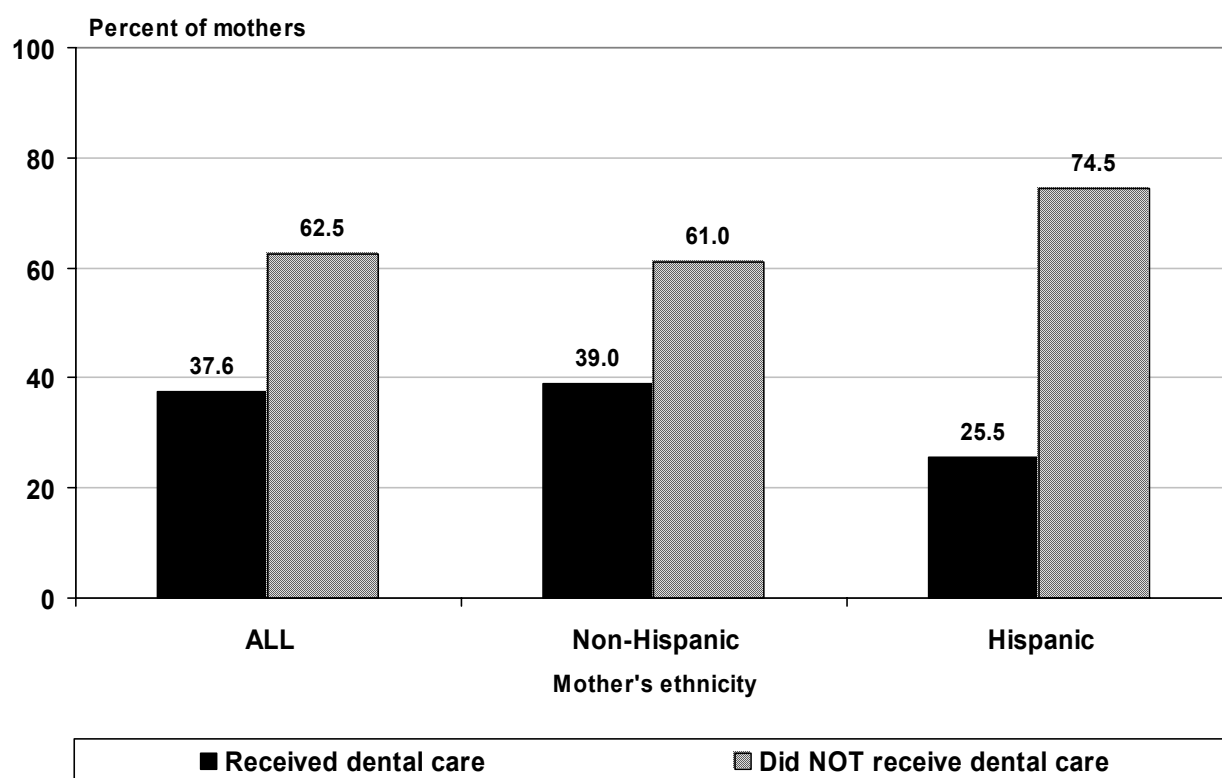
2001



Summary

The Children's Dental Health Project (2004), a non-profit organization dedicated to improving oral health and access to dental care, has noted that poor oral health, especially resulting in periodontal disease, may be associated with preterm low birth weight. A common attitude among women, however, is that dental care can harm the fetus. Only 37.6 percent of Idaho resident adult mothers reported going to a dentist or dental clinic to receive routine care such as teeth cleaning or regular check-up during pregnancy.

Idaho PRATS Dental Care During Pregnancy By Mother's Ethnicity 2001



Summary

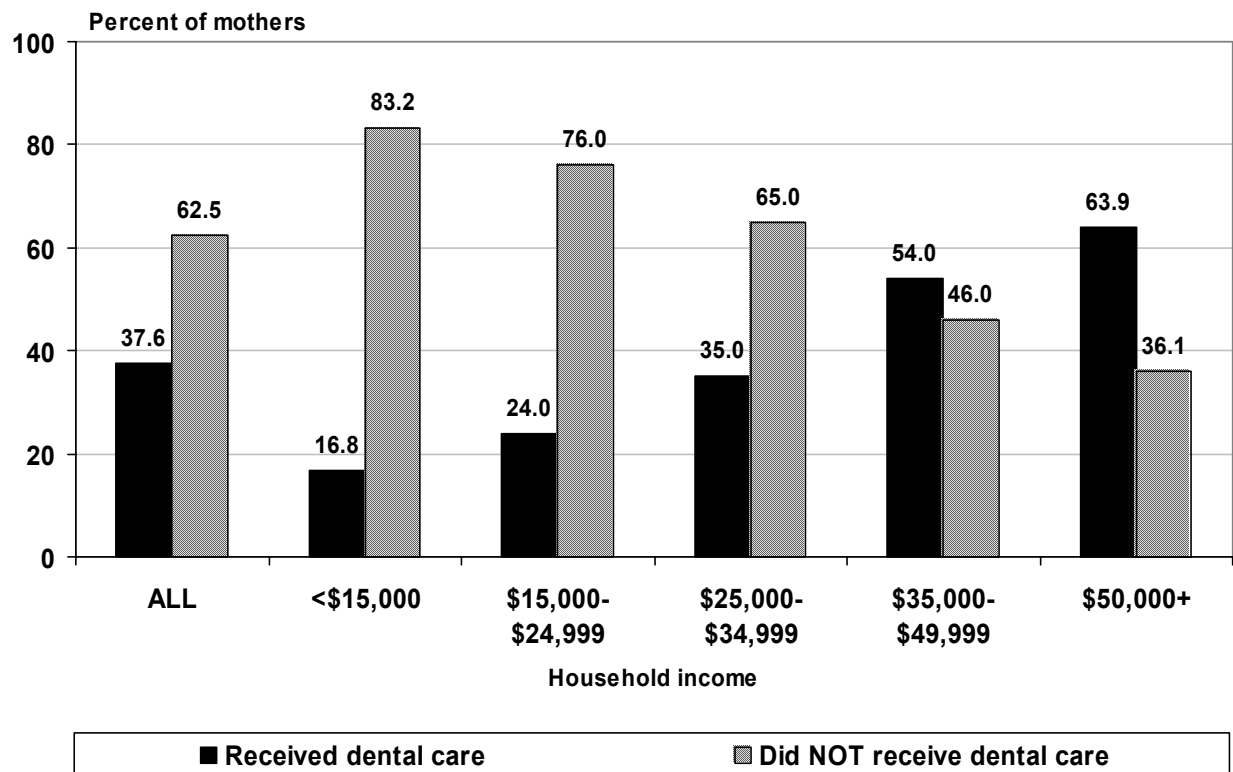
Among PRATS respondents, non-Hispanic mothers were more likely to have received dental care during pregnancy (39.0 percent) than Hispanic mothers (25.5 percent). This difference was significant ($p=.05$).

Idaho PRATS

Dental Care During Pregnancy

By Household Income

2001



Summary

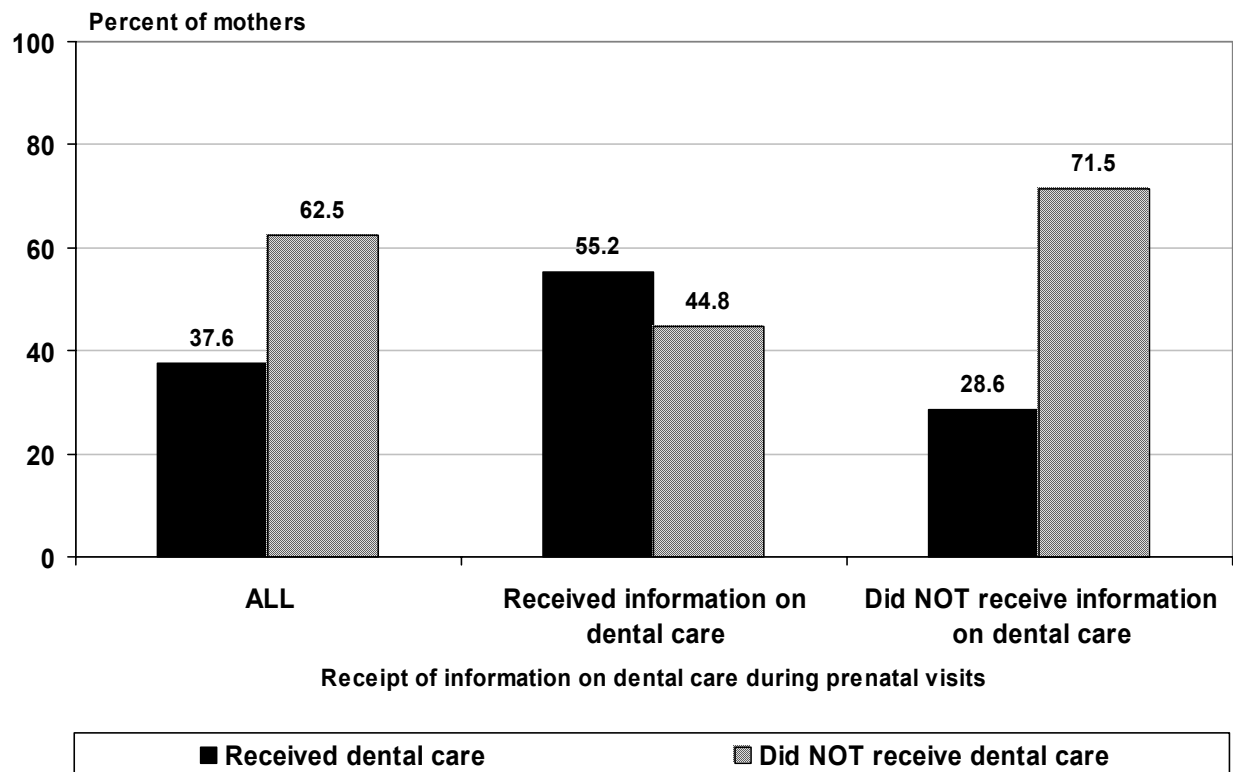
Among PRATS respondents, mothers with household incomes of \$50,000 or more during the 12 months prior to pregnancy were the most likely to received dental care during their pregnancy. Mothers with incomes of \$50,000 or more were 3.8 times more likely to received dental care during pregnancy than mothers with incomes of less than \$15,000. This difference was significant ($p=.05$).

Idaho PRATS

Dental Care During Pregnancy

By Discussion of Dental Care During Prenatal Care

2001

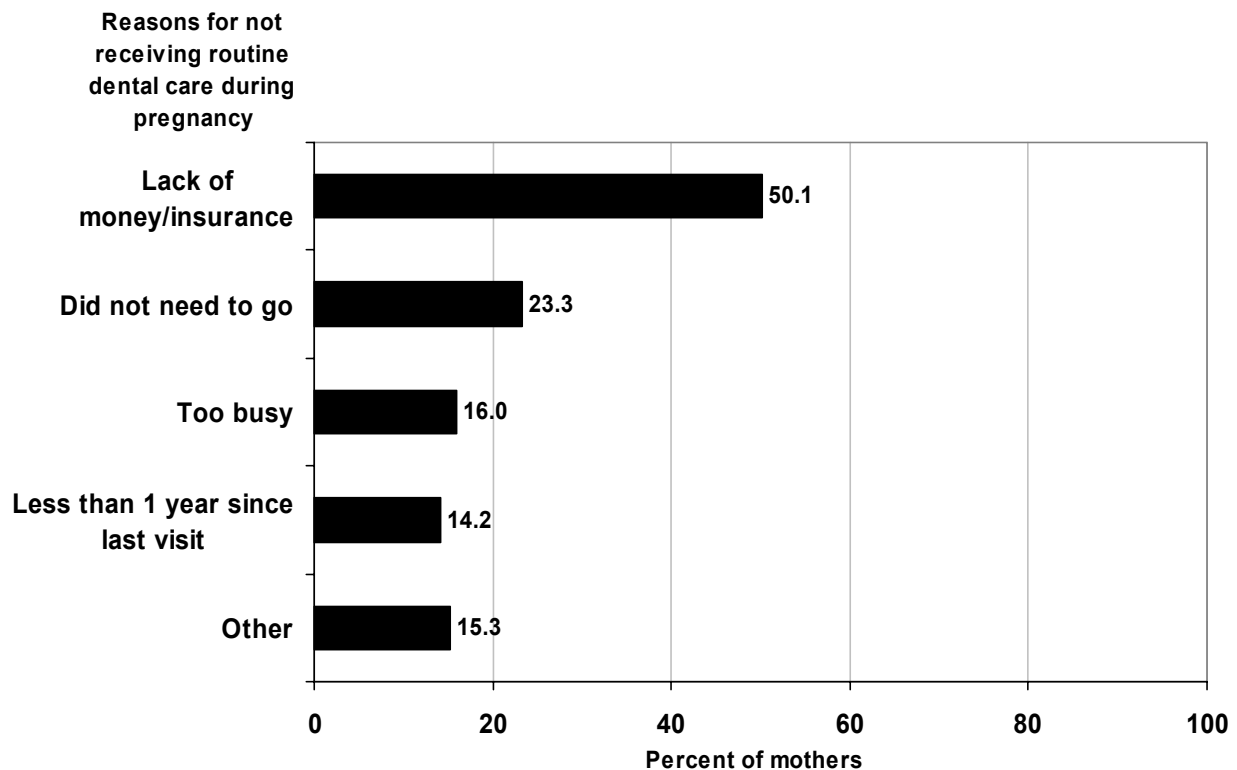


Summary

Idaho adult resident mothers who received information about the importance of dental care during pregnancy were 1.9 times more likely to receive dental care during pregnancy than mothers who did not receive that information. This difference was significant ($p=.05$).

Idaho PRATS

Reasons for Not Receiving Dental Care During Pregnancy 2001



Summary

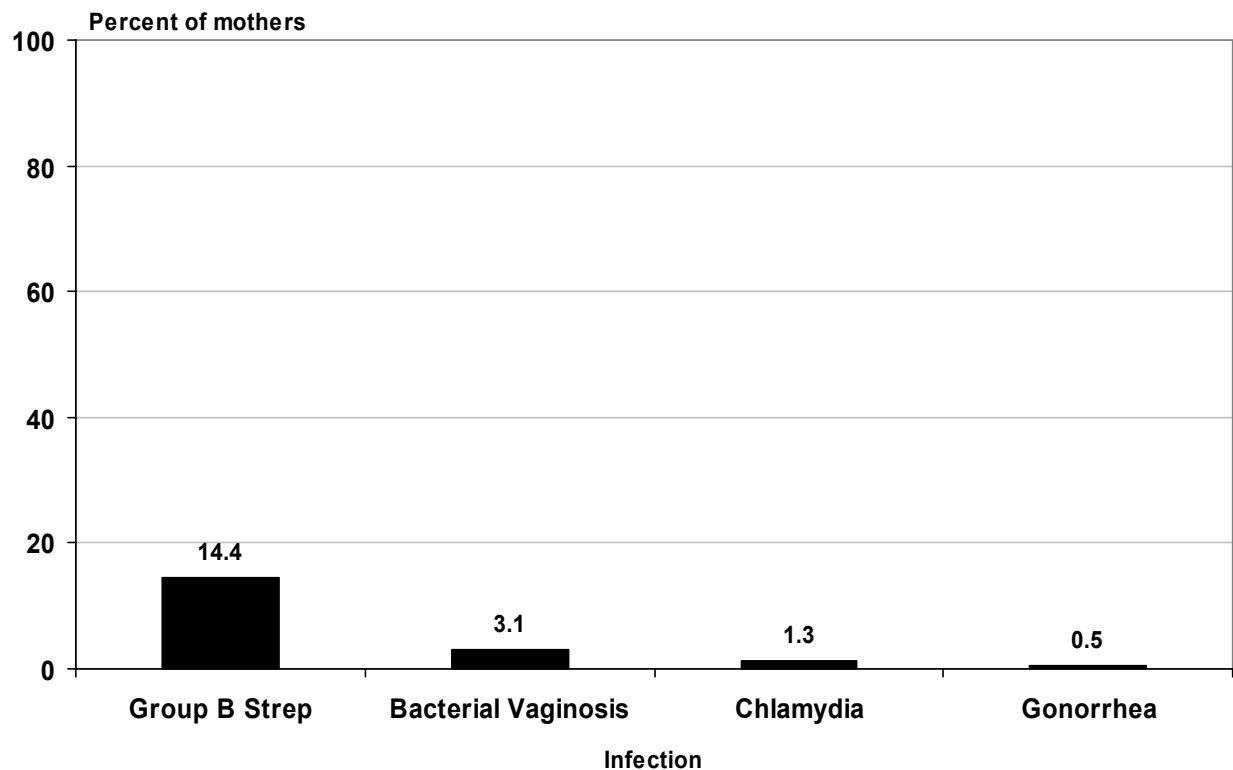
The most common reasons for not receiving dental care during pregnancy were not having enough money or insurance to pay for the visit (50.1 percent) and not feeling that they needed to go to the dentist (23.3 percent). In the “other” category, the belief that dental care is harmful to the baby was mentioned numerous times.

MATERNAL INFECTIONS

Idaho PRATS

Maternal Infections During Pregnancy

2001



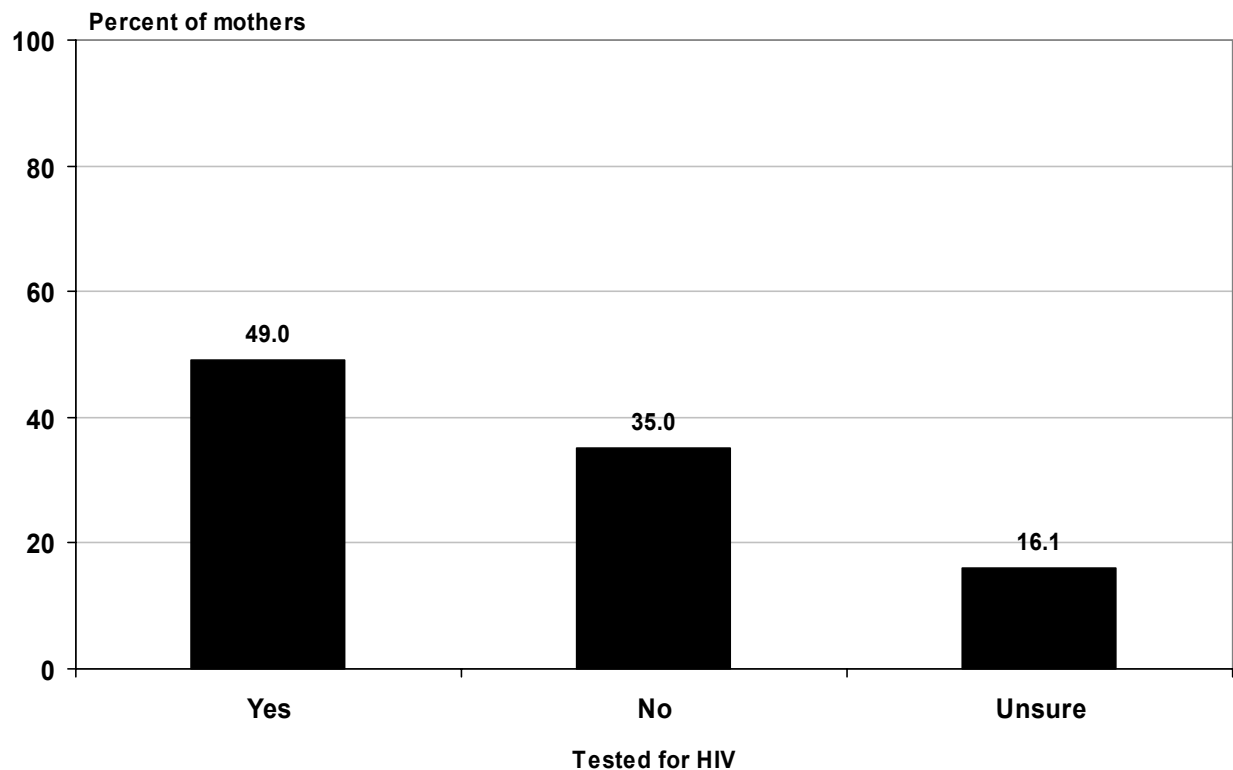
Summary

Idaho resident adult mothers were asked if they had been told by a doctor, nurse, or other health care worker that they had Group B Strep, Bacterial Vaginosis (BV), Chlamydia, or Gonorrhea. The most commonly reported maternal infection reported by PRATS respondents was Group B Strep (14.4 percent). Only 0.5 percent of respondents indicated that they had been diagnosed with Gonorrhea.

Idaho PRATS

HIV Testing During Pregnancy

2001



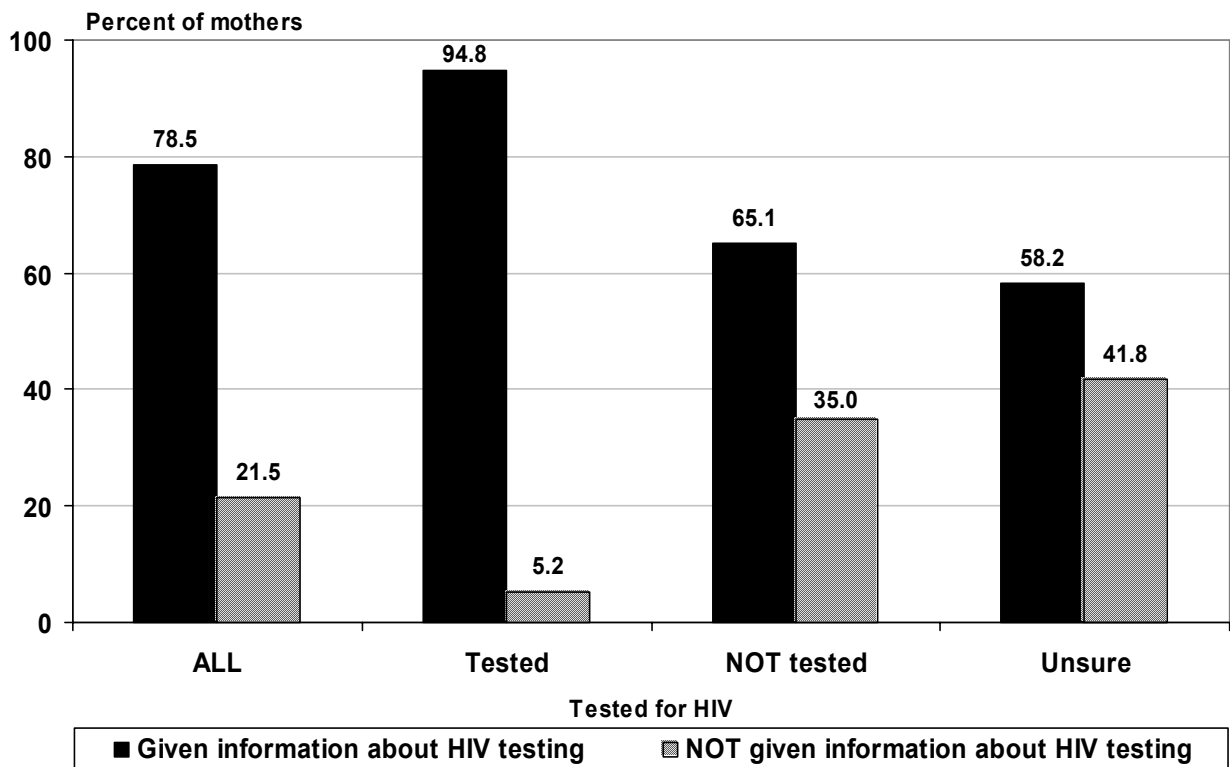
Summary

Approximately half (49.0 percent) of Idaho resident adult mothers indicated that they were tested for HIV (the virus that causes AIDS) during their pregnancy. One of six mothers (16.1 percent) were unsure whether they had been tested for HIV. More than 1 of 3 mothers (35.0 percent) indicated that they had not been tested for HIV.

Idaho PRATS

HIV Testing During Pregnancy

By Discussion of HIV Testing During Prenatal Care 2001



Summary

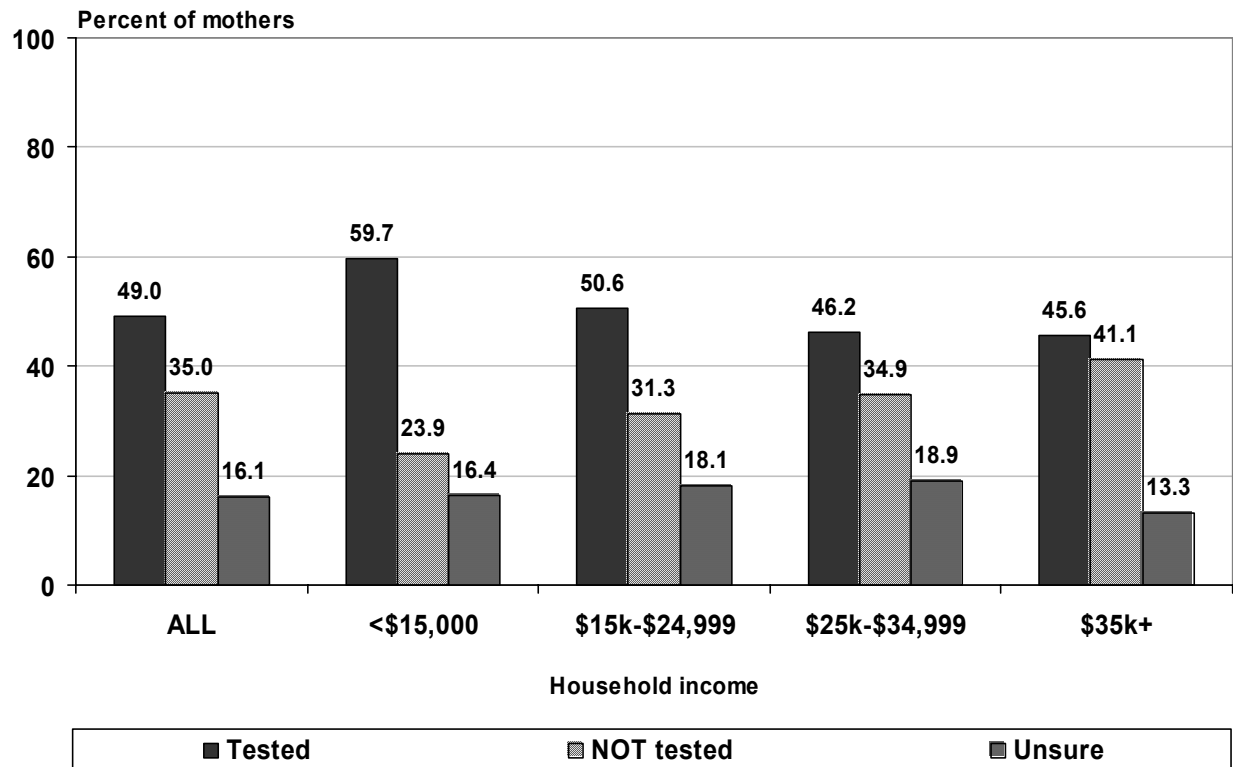
Of Idaho resident adult mothers who were tested for HIV, 94.8 percent had been given information on HIV testing during prenatal care visits. Mothers who were unsure as to whether they had been tested or not were 8.0 times more likely to have not received information about testing than mothers who were tested.

Idaho PRATS

HIV Testing During Pregnancy

By Household Income

2001



Summary

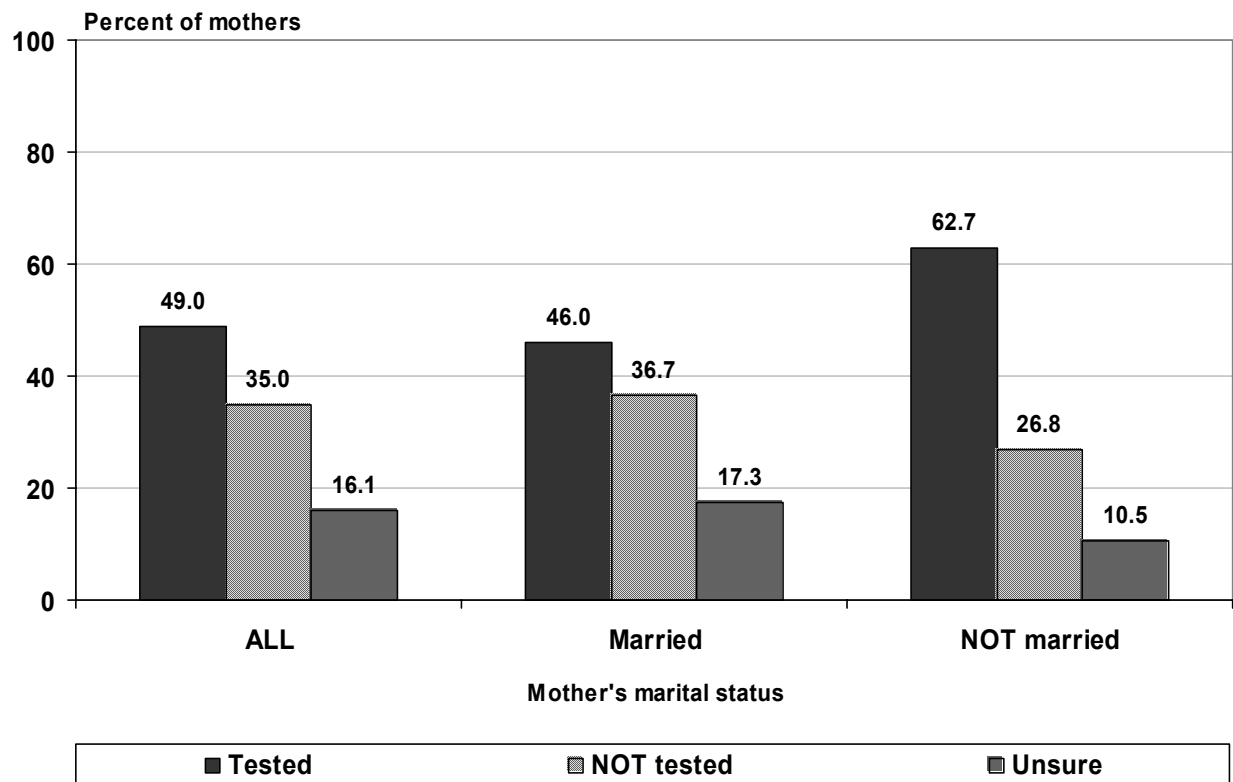
Idaho resident adult mothers with a household income of less than \$15,000 during the 12 months prior to pregnancy were the most likely (59.7 percent) to be tested for HIV. Mothers with a household incomes between \$15,000 and \$34,999 were the most likely to be unsure as to whether they had been tested for HIV or not (18.1 percent and 18.9 percent, respectively) ($p=.05$).

Idaho PRATS

HIV Testing During Pregnancy

By Mother's Marital Status

2001



Summary

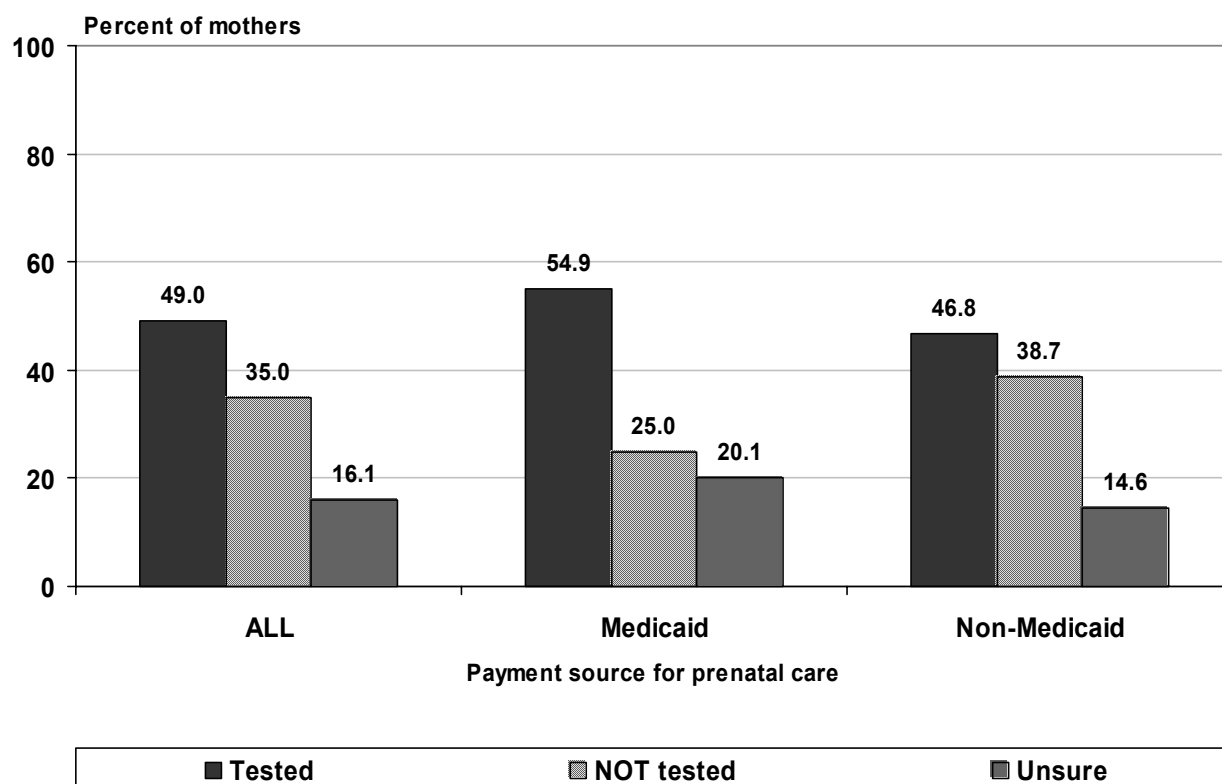
Idaho resident adult mothers who were not married were more likely to have been tested for HIV (62.7 percent) than married mothers (46.0 percent). Married mothers were more likely to be unsure as to whether they had been tested for HIV or not (17.3 percent) than mothers who were not married (10.5 percent). This difference was statistically significant ($p=.05$).

Idaho PRATS

HIV Testing During Pregnancy

By Payment Source for Prenatal Care

2001



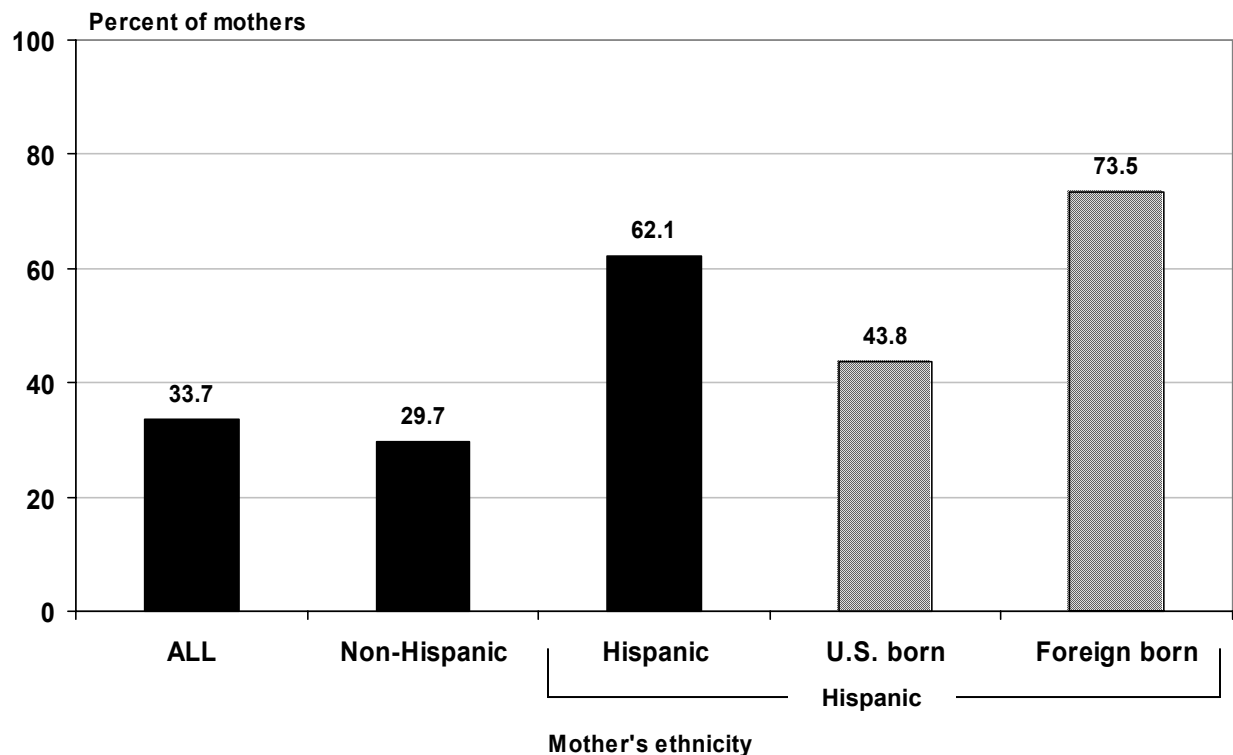
Summary

Idaho resident adult mothers whose prenatal care was paid for by Medicaid were more likely to be tested for HIV during their pregnancy (54.9 percent) than mothers whose prenatal care was paid for by some other source (46.8 percent). Mothers whose prenatal care was paid for by Medicaid were also more likely to be unsure as to whether they had been tested for HIV or not (20.1 percent) than mothers whose prenatal care was paid for by some other source (14.6 percent). The difference was statistically significant ($p=.05$).

MATERNAL WEIGHT AND NUTRITION

Idaho PRATS

Participation in the WIC Program During Pregnancy By Mother's Ethnicity 2001

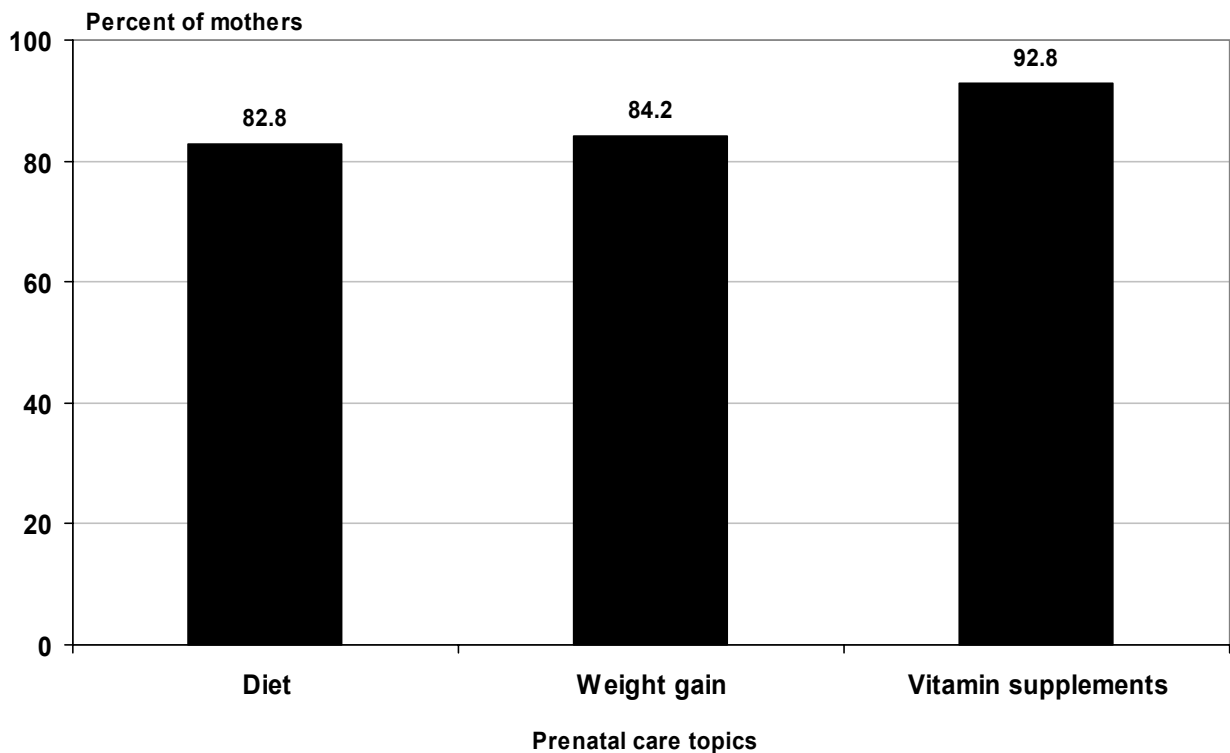


Summary

One-third (33.7 percent) of Idaho resident adult mothers participated in the WIC Program (Supplemental Nutrition Program for Women, Infants, and Children) during their pregnancy. Participation in the WIC Program varied by mother's ethnicity and place of birth (mother's place of birth is a proxy measure for citizenship status). Hispanic participation in WIC was high (62.1 percent) with almost three-quarters (73.5 percent) of Hispanic foreign-born mothers participating. The differences were statistically significant ($p=.05$).

Idaho PRATS

Discussion About Nutrition and Weight Gain During Prenatal Care 2001



Summary

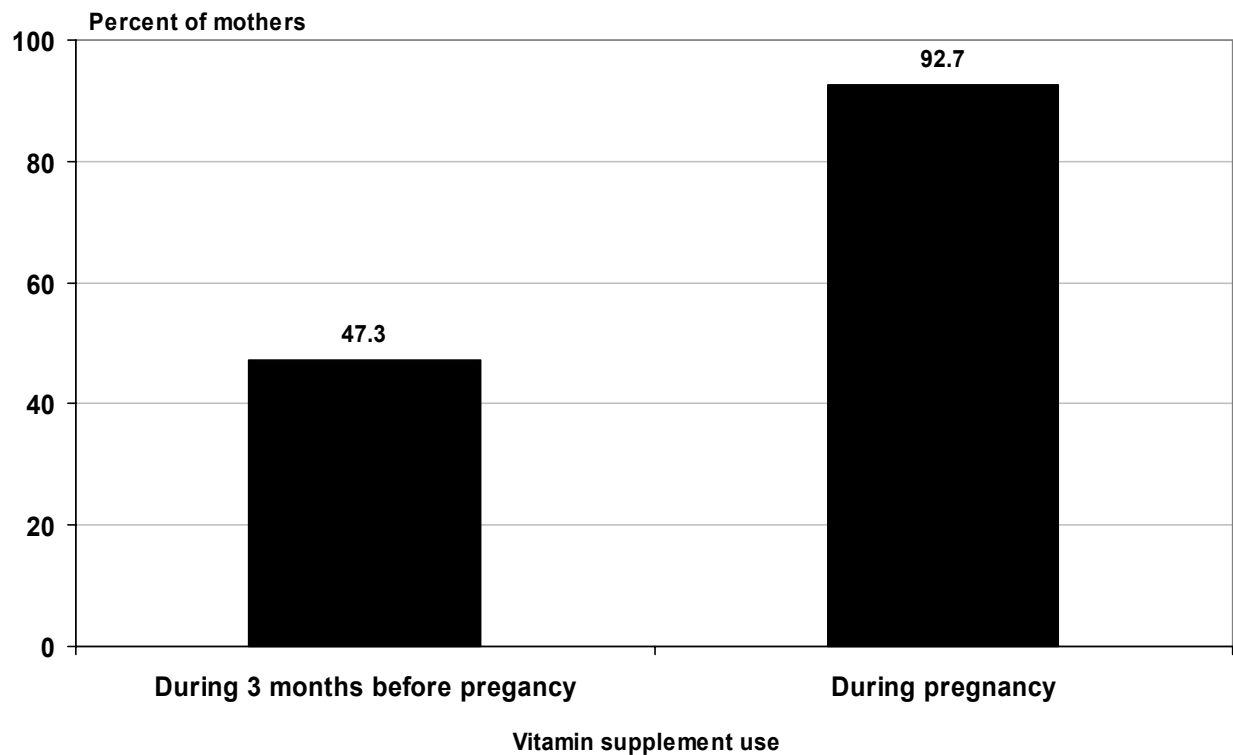
Idaho resident adult mothers were asked about what issues they were given information about during their prenatal care visits. The majority of mothers reported that they were given information concerning what they should eat (82.8 percent), how much weight they should gain (84.2 percent), and the importance of taking vitamin supplements during their pregnancy (92.8 percent).

Idaho PRATS

Vitamin Supplement Use

Before and During Pregnancy

2001

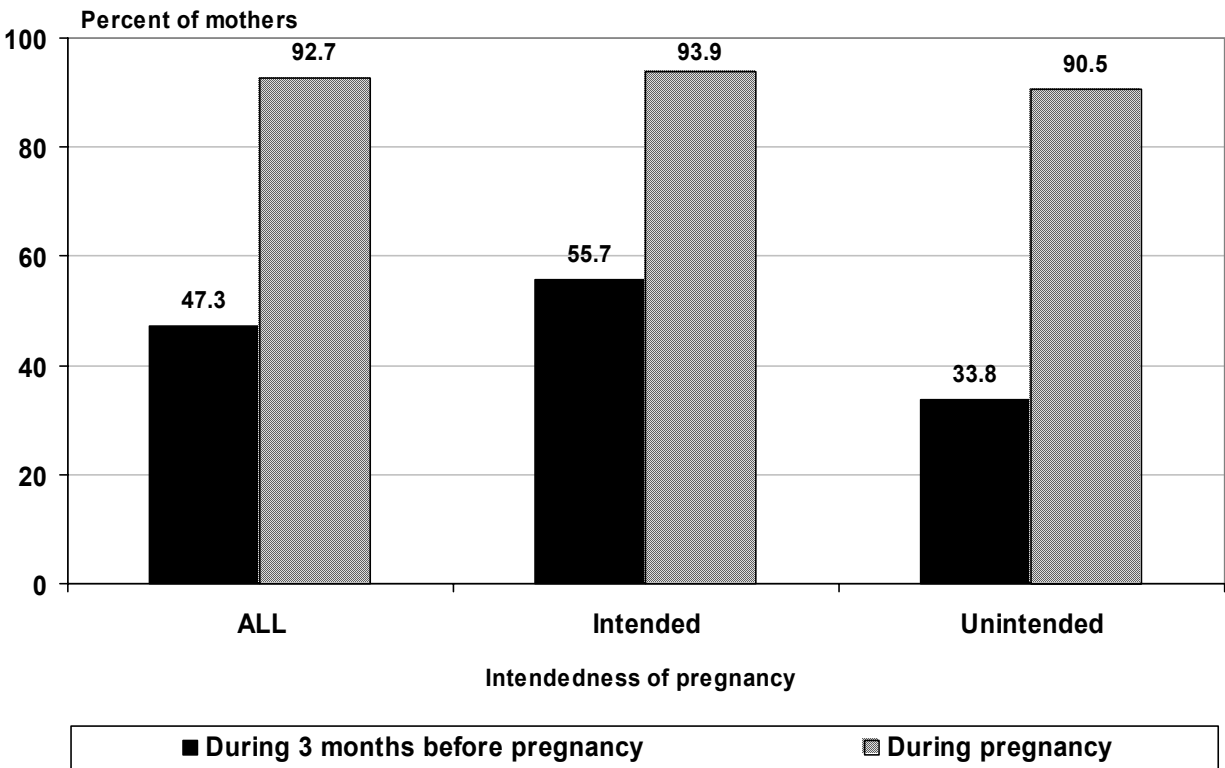


Summary

Almost half (47.3 percent) of Idaho resident adult mothers reported taking a vitamin supplement during the three months before becoming pregnant. Almost all mothers (92.7 percent) reported taking vitamin supplements during pregnancy.

Idaho PRATS

Vitamin Supplement Use by Intendedness of Pregnancy 2001

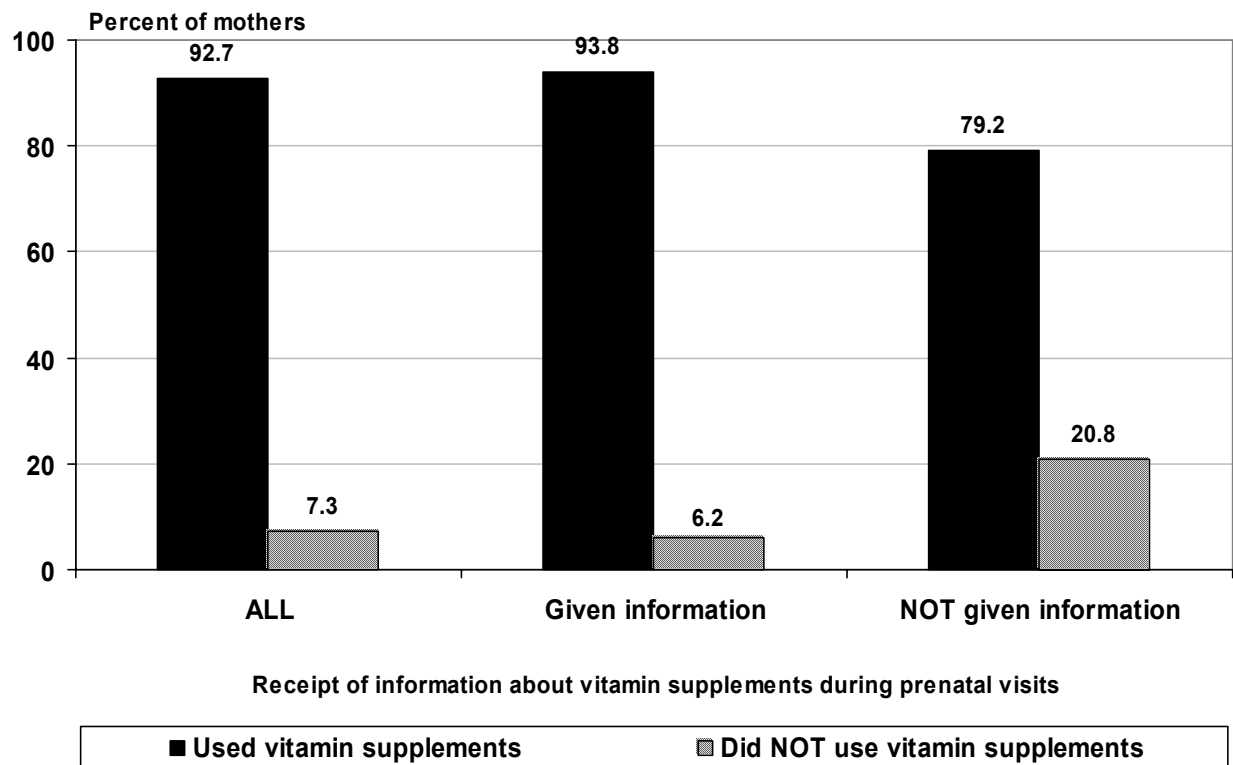


Summary

Almost half (47.4 percent) of Idaho resident adult mothers reported taking a vitamin supplement during the three months before becoming pregnant. Mothers who indicated that their pregnancy was unintended were less likely to have taken vitamin supplements during this time than mothers who intended to become pregnant (33.8 percent and 55.7 percent, respectively). This difference was statistically significant ($p=.05$).

Idaho PRATS

Vitamin Use By Discussion of Vitamin Supplements During Prenatal Care 2001



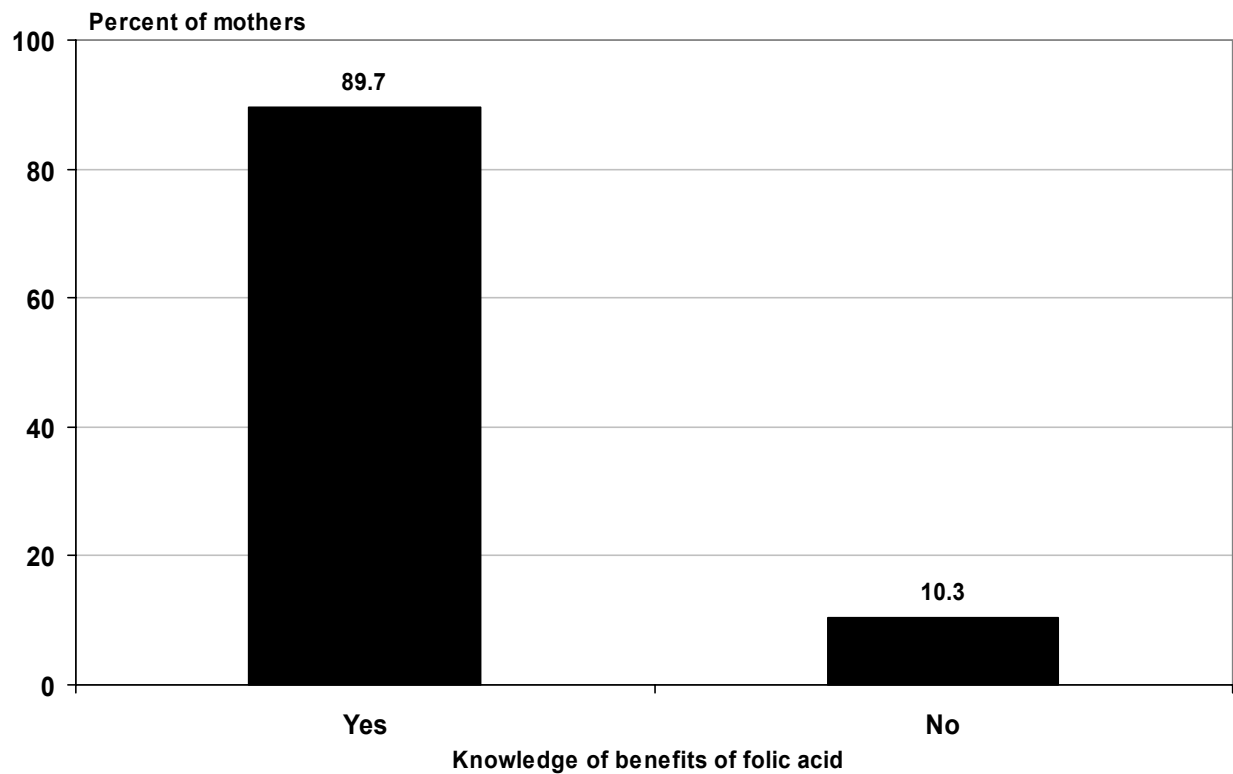
Summary

Idaho resident adult mothers who were given information about the importance of taking vitamin supplements during pregnancy were more likely to take vitamins during pregnancy (93.8 percent) than mothers who were not given this information (79.2 percent). This difference was significant ($p = .05$).

Idaho PRATS

Knowledge of Benefits of Folic Acid

2001



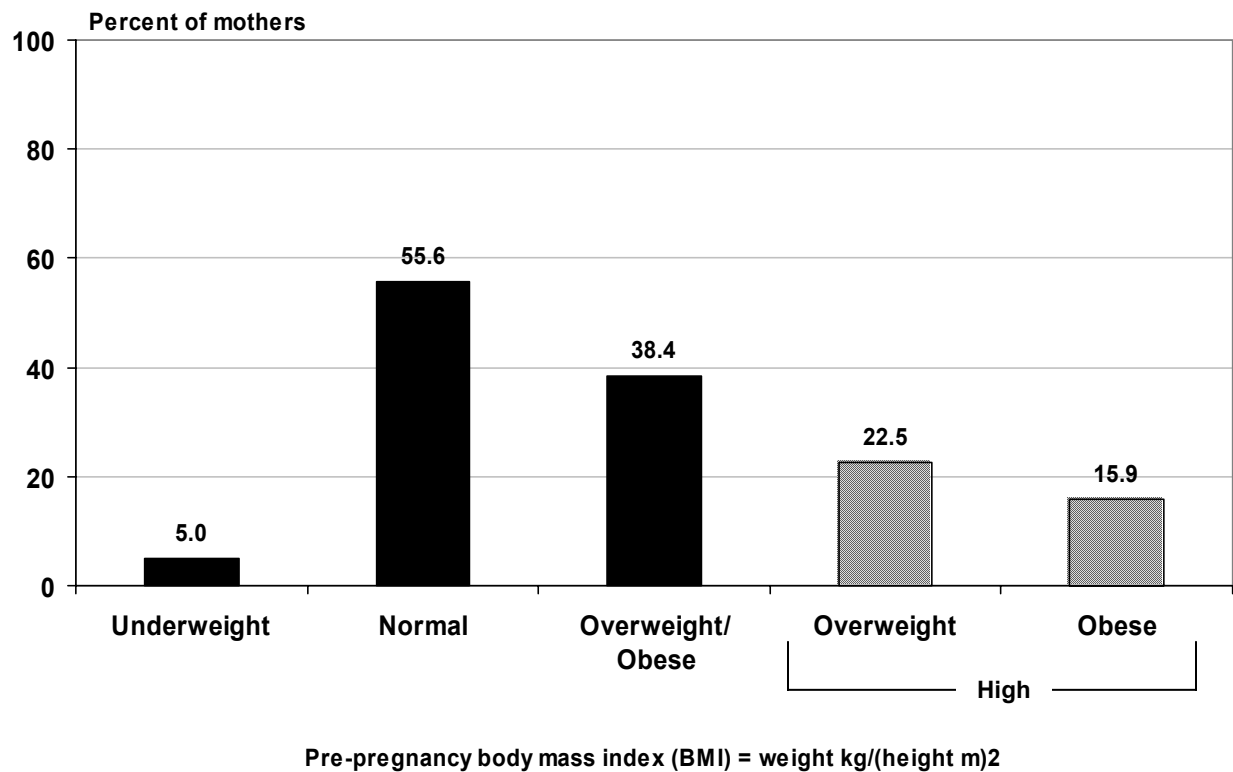
Summary

Folic acid is a naturally occurring B vitamin that helps prevent birth defects, called neural tube defects, that affect the spine and brain (The National Women's Health Information Center, 2002). The majority (89.7 percent) of Idaho resident adult mothers reported that they had heard or read the taking the vitamin folic acid can help prevent some birth defects.

Idaho PRATS

Mother's Pre-Pregnancy Body-Mass Index (BMI)

2001



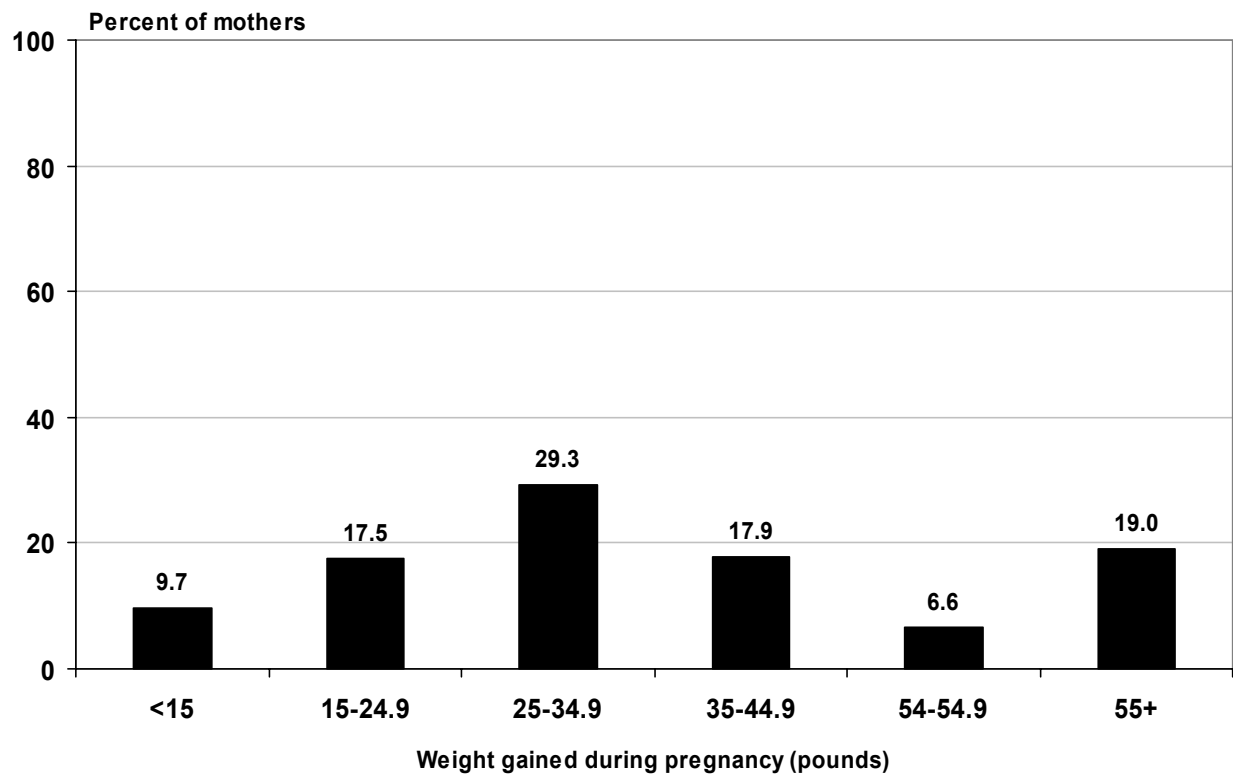
Summary

The pre-pregnancy body-mass index (BMI) is the ratio of a woman's pre-pregnancy weight to her height (squared). Having either a low or high pre-pregnancy BMI is a risk factor for certain medical complications for the mother and poor birth outcomes for the infant. Just before pregnancy, 38.4 percent of Idaho resident adult mothers were overweight or obese (BMI>24.9), and 5.0 percent were underweight (BMI<18.5).

Idaho PRATS

Weight Gain During Pregnancy

2001

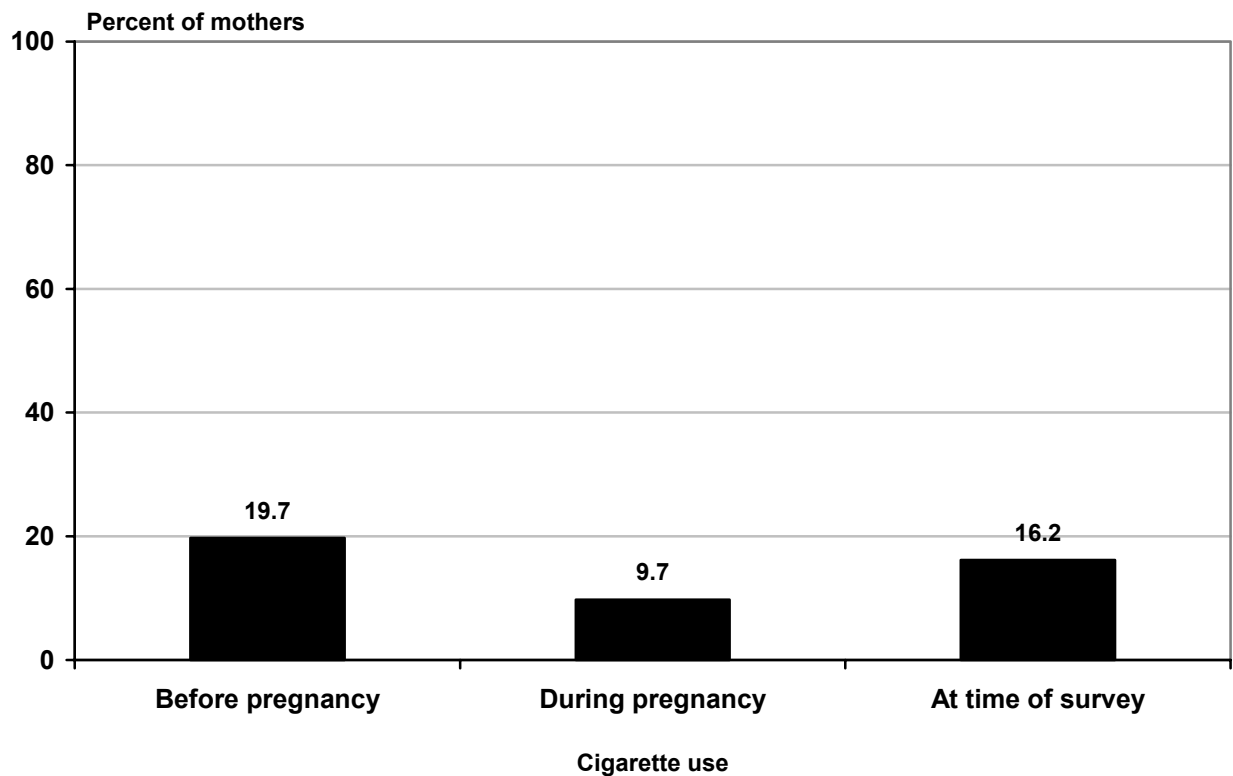


Summary

Just less than half (46.8 percent) of Idaho resident adult mothers gained 15 to 34.9 pounds during pregnancy. The average weight gain was 39.8 pounds.

**TOBACCO
AND
ALCOHOL USE**

Idaho PRATS Cigarette Use 2001



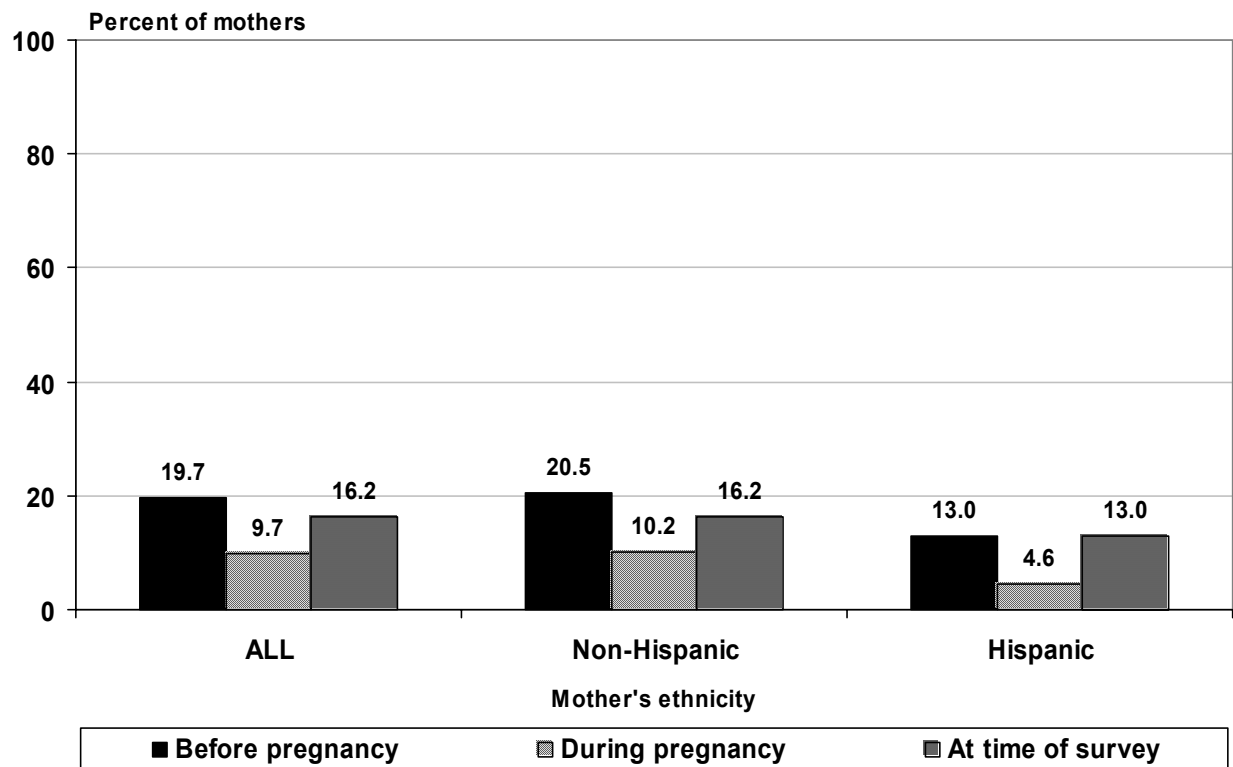
Summary

One of five Idaho resident adult mothers (19.7 percent) reported smoking during the three months prior to becoming pregnant. During the last three months of pregnancy, 9.7 percent of mothers reported smoking. At the time of the survey, 16.2 percent of mothers reported that they were currently smoking.

Idaho PRATS

Cigarette Use By Mother's Ethnicity

2001



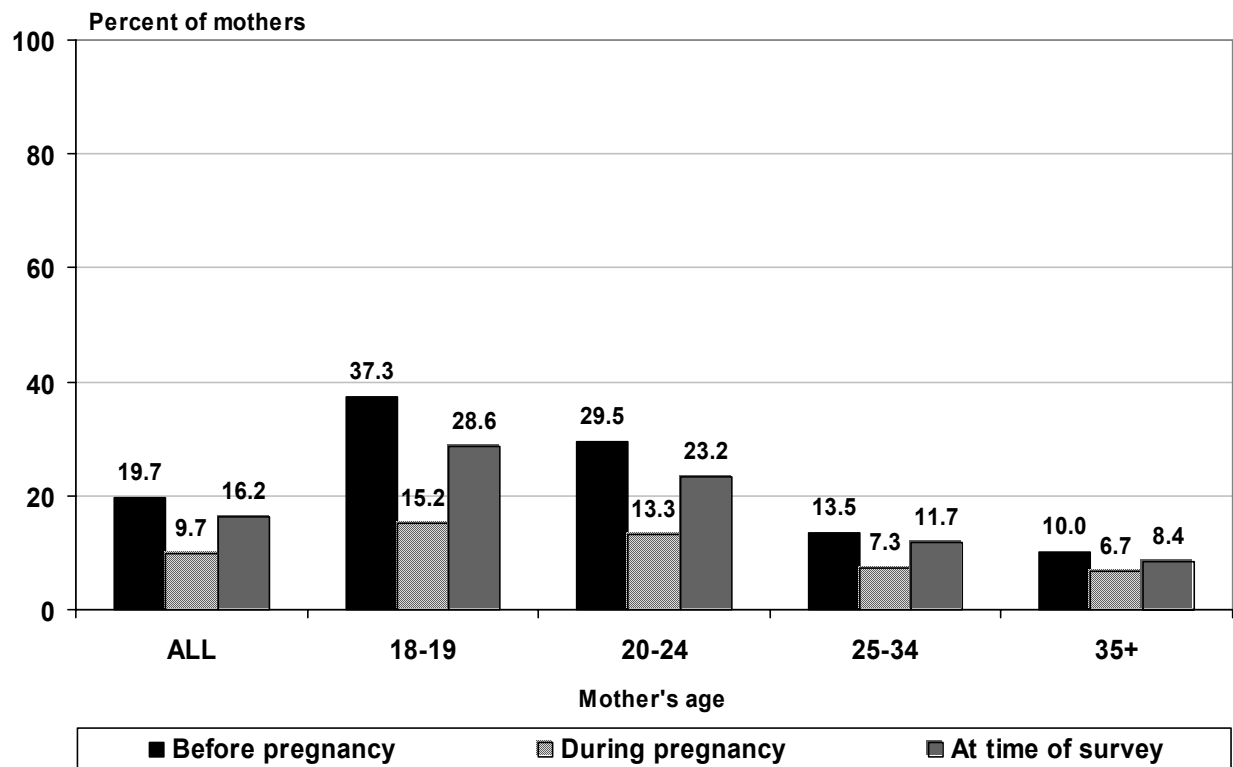
Summary

Hispanic mothers were less likely to smoke before (13.0 percent), during (4.6 percent), and after (13.0 percent) pregnancy than were non-Hispanic mothers (20.5 percent, 10.2 percent, and 16.2 percent, respectively). The difference was statistically significant ($p=.05$).

Idaho PRATS

Cigarette Use By Mother's Age

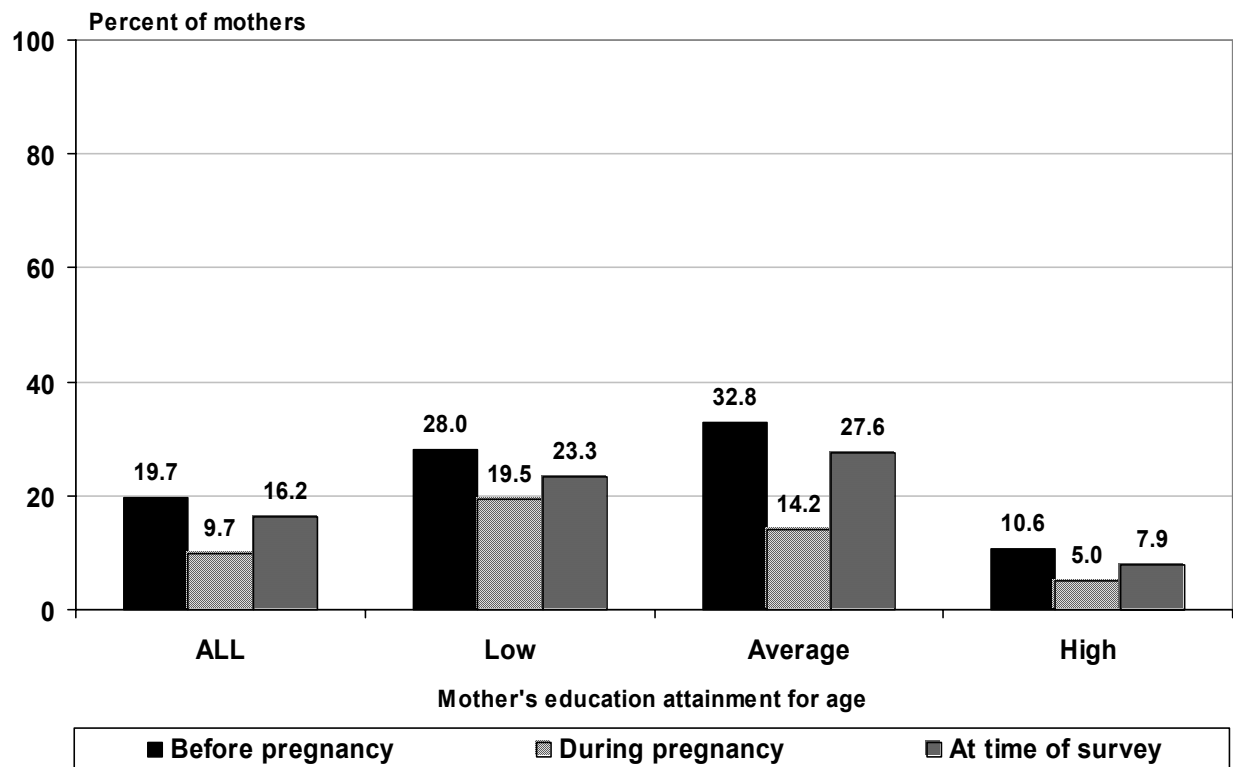
2001



Summary

Idaho resident adult mothers aged 18 to 19 were more likely to smoke before, during, and after their pregnancy than older mothers. The difference was most dramatic between mothers age 18 to 19 and those 35 and older. Mothers age 18 to 19 were 3.7 times more likely to smoke before pregnancy, 2.3 times more likely to smoke during pregnancy and 3.4 times more likely to smoke after pregnancy than mothers aged 35 and older. The difference was statistically significant ($p=.05$).

Idaho PRATS Cigarette Use By Mother's Education Attainment for Age 2001



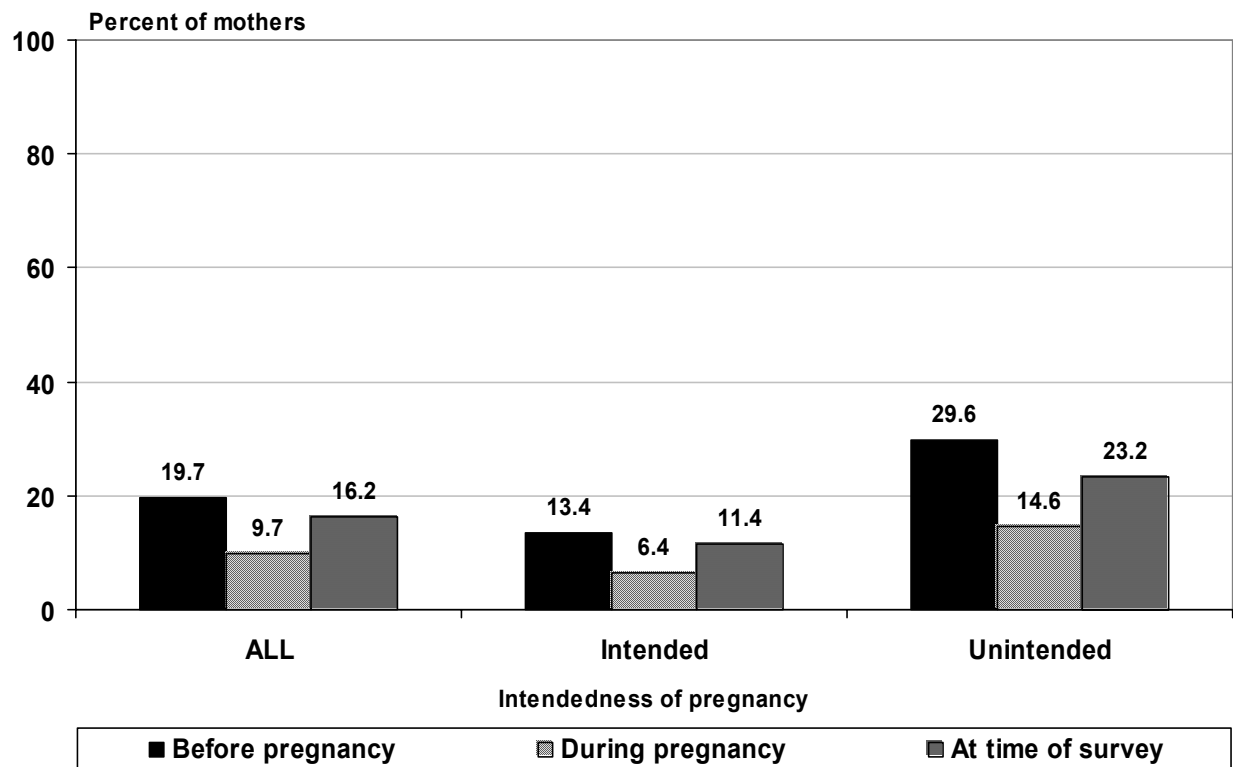
Summary

Idaho resident adult mothers who had an average education attainment for age were 2.6 times more likely to smoke during the three month period before pregnancy, and 3.5 times more likely to smoke after pregnancy than mothers with high education attainment for age. Mothers with a low education for age were the most likely to smoke during pregnancy. The difference was statistically significant ($p=.05$).

Idaho PRATS

Cigarette Use By Intendedness of Pregnancy

2001



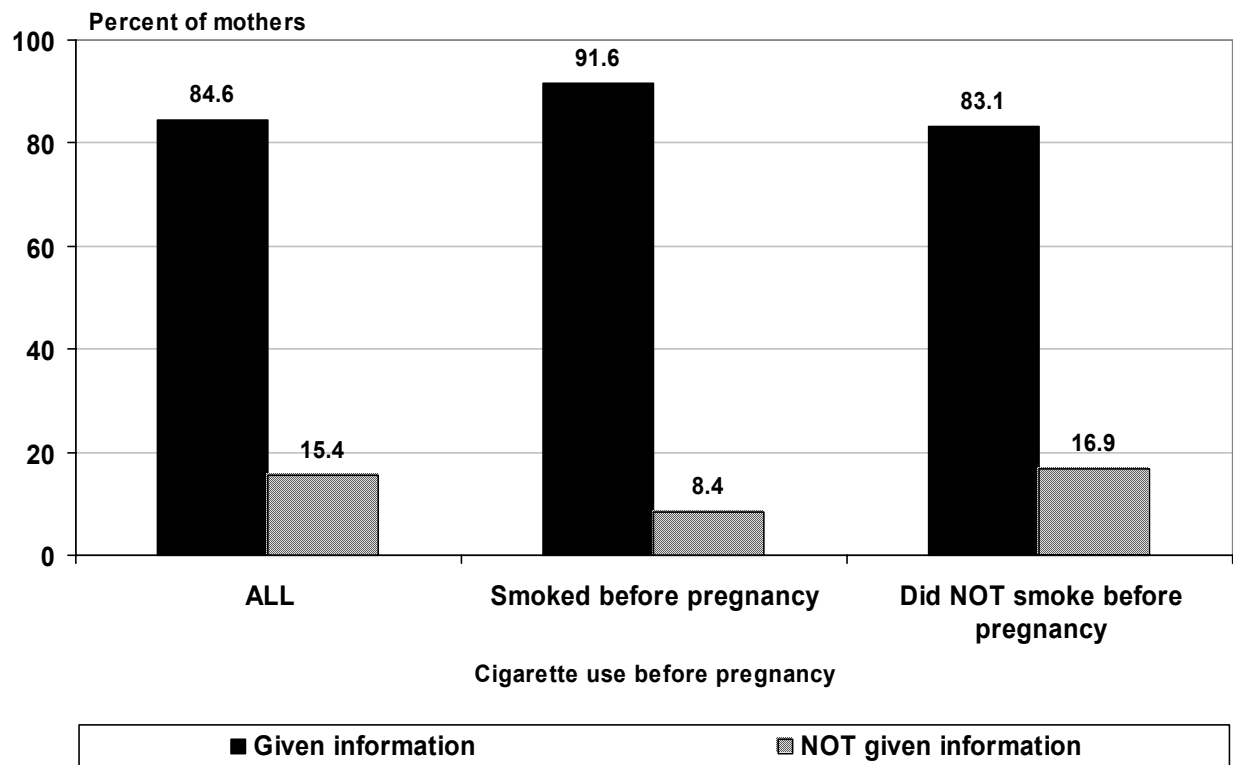
Summary

Idaho resident adult mothers who reported unintended pregnancy were more likely to smoke before (29.6 percent), during (14.6 percent), and after their pregnancy (23.2 percent) than mothers who reported their pregnancy was intended (13.4 percent, 6.4 percent, and 11.4 percent, respectively). Mothers who reported an unintended pregnancy were 2.3 times more likely to smoke during pregnancy than mothers who reported an intended pregnancy ($p=.05$).

Idaho PRATS

Information Given During Prenatal Care About Effects of Smoking By Mother's Cigarette Use

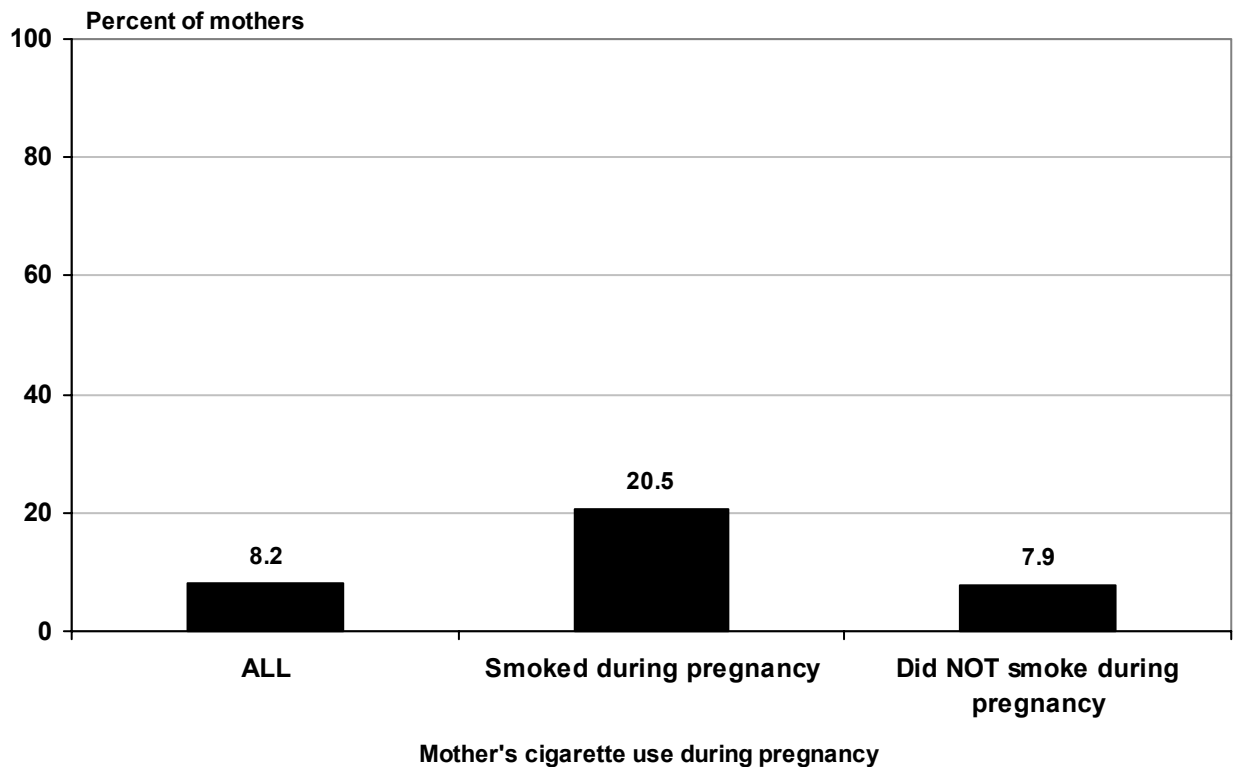
2001



Summary

Most Idaho resident adult mothers were given information during prenatal care visits about how smoking during pregnancy could affect their baby (84.6 percent). Mothers who smoked before their pregnancy were more likely to receive information (91.6 percent) than mothers who did not smoke (83.1 percent). One of twelve mothers who smoked did not receive information about the effects of smoking. The difference was statistically significant ($p=.05$).

Idaho PRATS
Preterm Delivery (<37 Weeks Gestation)
By Mother's Cigarette Use
During Last 3 Months of Pregnancy
2001



Summary

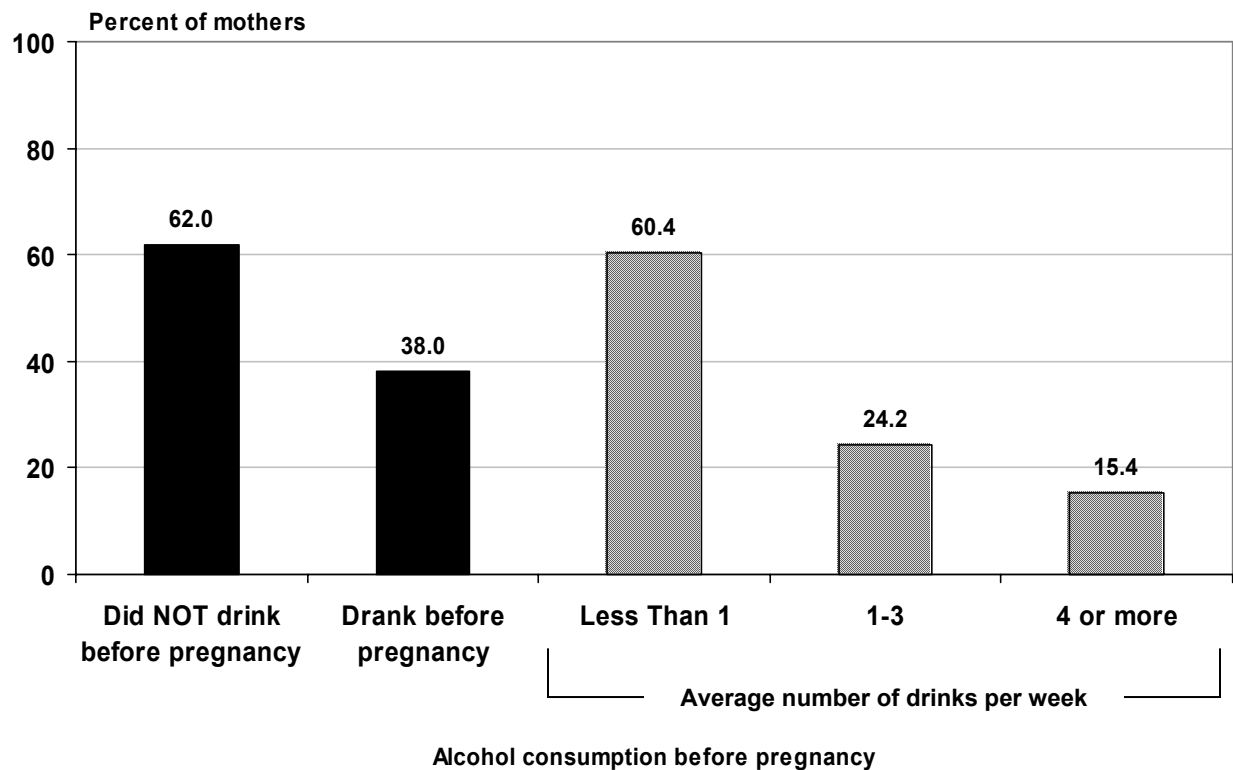
According to the U.S. Department of Health and Human Services (2004), "Tobacco use during pregnancy is the strongest known risk factor for low birth weight and is associated with spontaneous abortion and preterm delivery." Idaho resident adult mothers who smoked were 2.6 times more likely to have their baby preterm than mothers who did not. The difference was statistically significant ($p=.05$).

Idaho PRATS

Alcohol Consumption

During the 3 Months Before Becoming Pregnant

2001



Summary

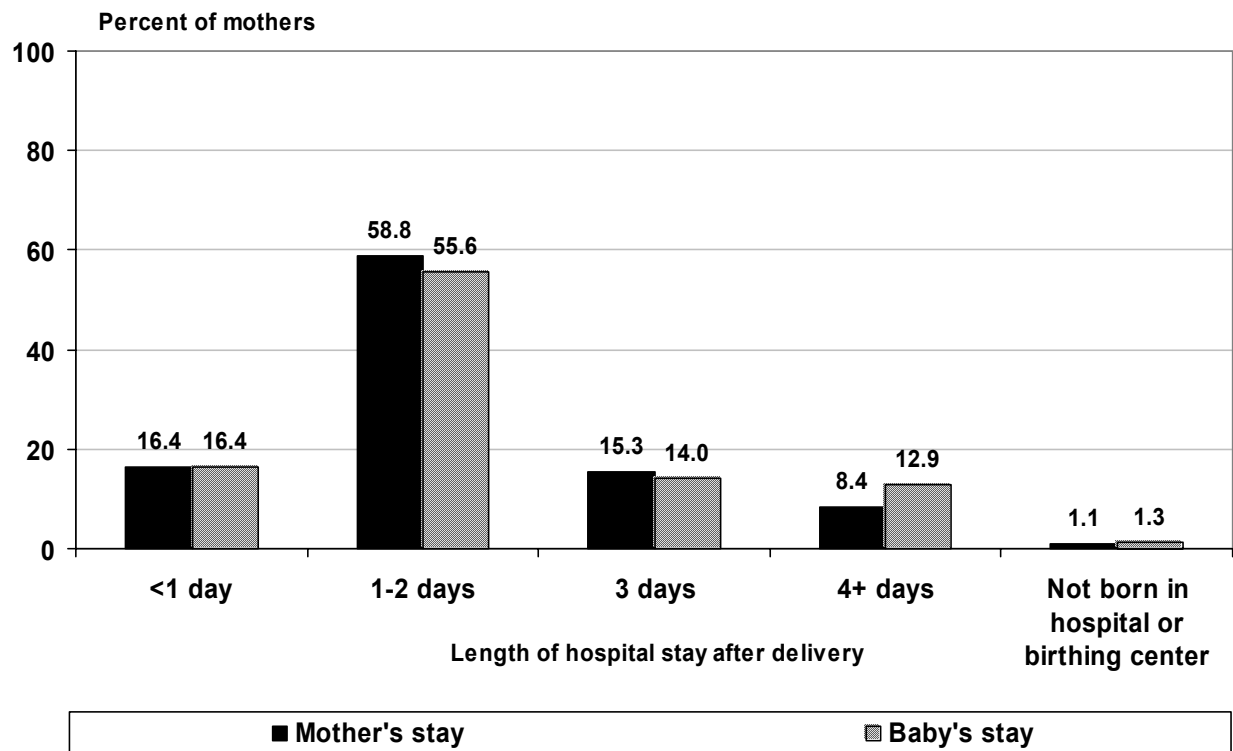
PRATS respondents were asked how many alcoholic drinks they had in an average week during the three months before pregnancy. The data indicate that 38.0 percent of Idaho resident adult mothers drank some amount of alcohol per week during the three months before becoming pregnant. The majority of mothers who reported alcohol consumption drank less than one drink per week (60.4 percent).

LABOR AND DELIVERY

Idaho PRATS

Length of Hospital Stay After Delivery

2001

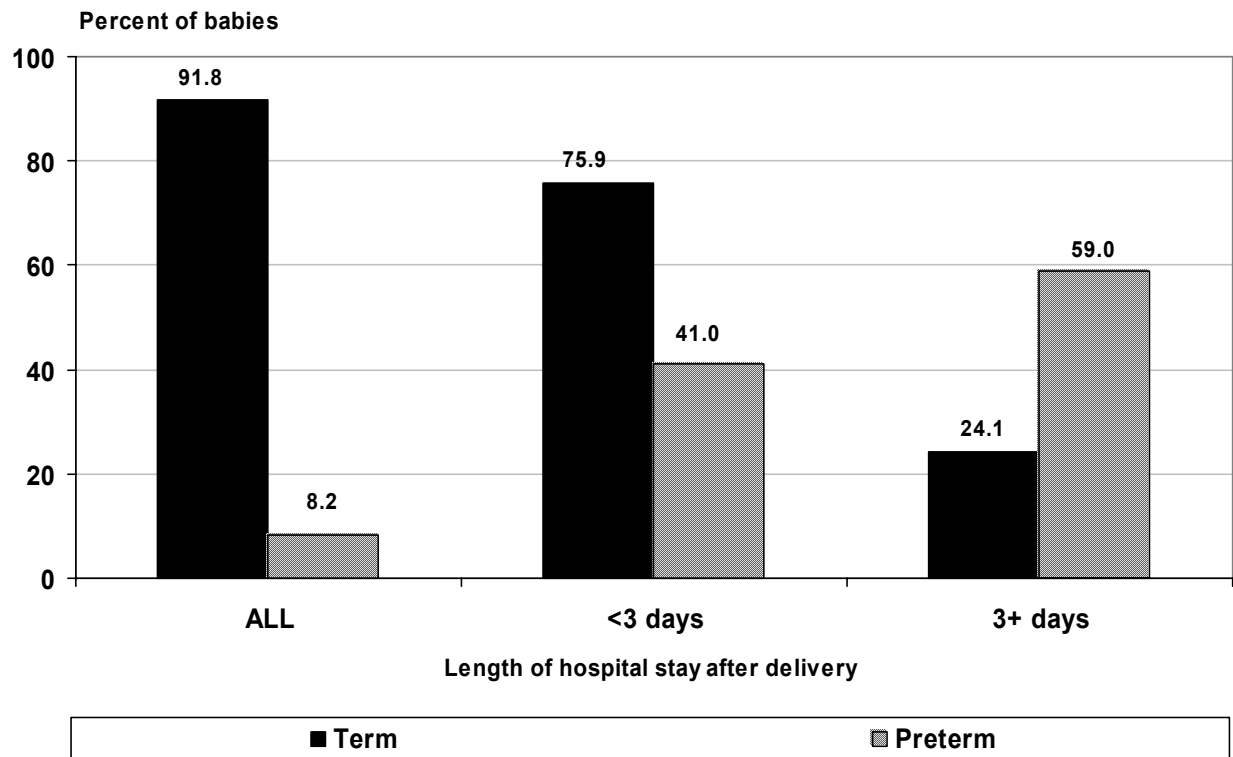


Summary

Most Idaho resident adult mothers (58.8 percent) spent one to two days in the hospital or birthing center after childbirth. Similarly, most babies (55.6 percent) spent one to two days in the hospital or birthing center after birth. More babies spent four or more days in the hospital or birthing center (12.9 percent) than mothers (8.4 percent). Only 1.3 percent of babies were not born in a hospital or birthing center.

Idaho PRATS

Baby's Length of Hospital Stay After Delivery By Preterm Delivery (<37 Weeks Gestation) 2001



Summary

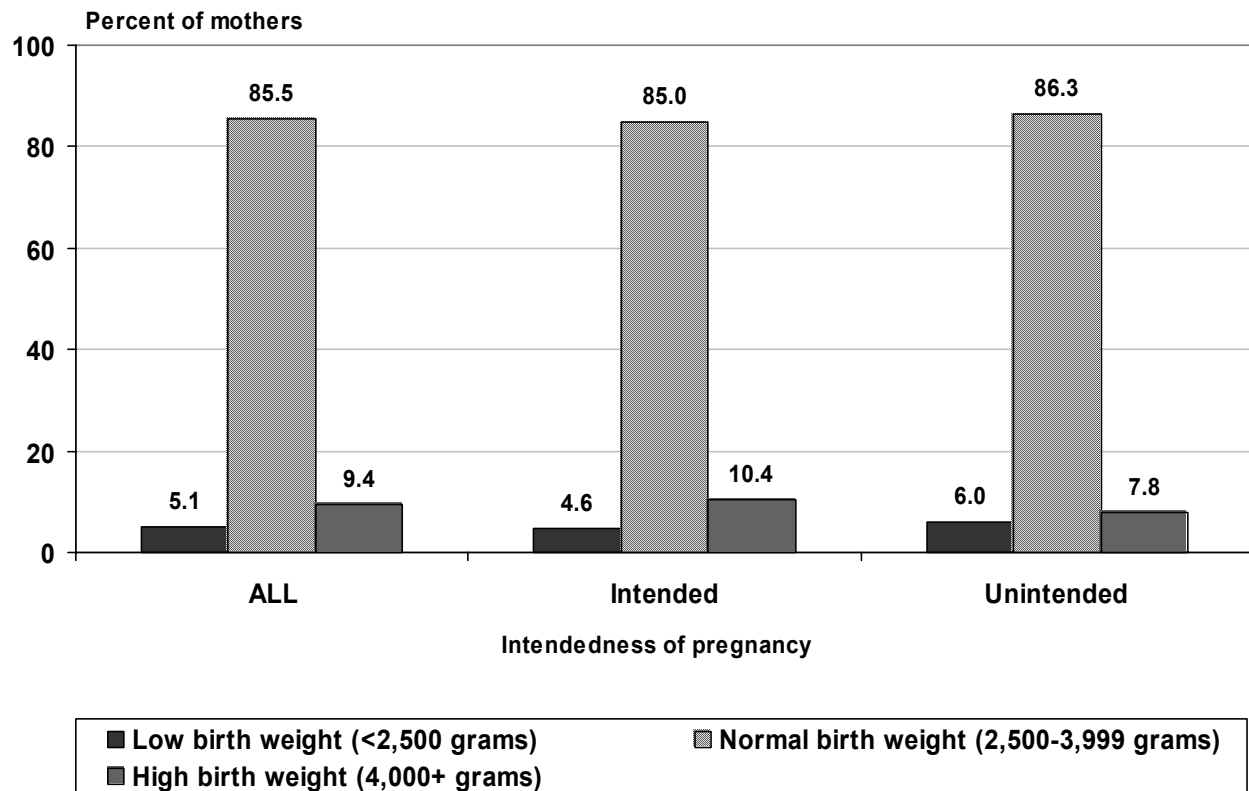
As expected, babies that were born preterm were more likely to stay in the hospital for a longer length of time after delivery than babies who were born at term. Babies born preterm were 2.4 times more likely to stay in the hospital for three days or more than babies who were born at term. The difference was statistically significant ($p=.05$).

Idaho PRATS

Birth Weight of Baby

By Intendedness of Pregnancy

2001



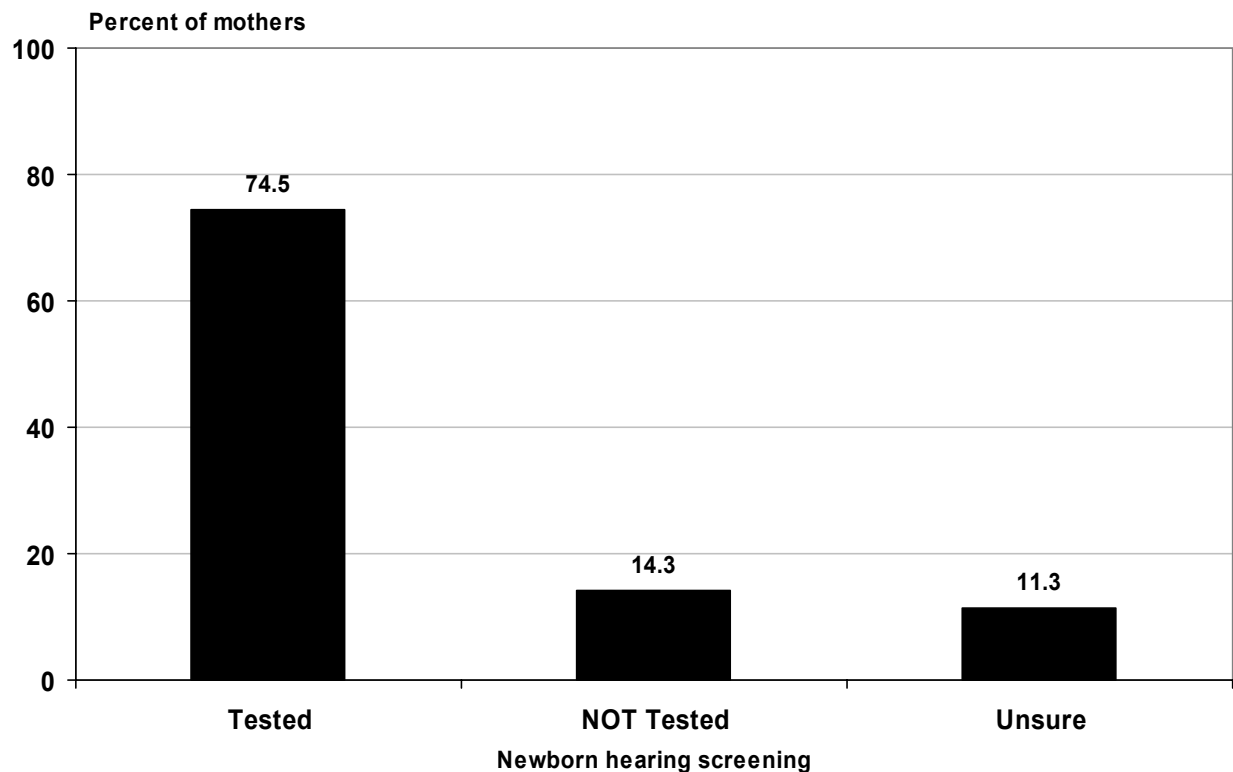
Summary

Overall, 85.5 percent of babies born to Idaho resident adult mothers were normal birth weight. Idaho resident adult mothers who reported that their pregnancy was unintended were more likely to have a low birth weight baby (6.0 percent) than mothers who reported their pregnancy was intended (4.6 percent). By contrast, mother's who reported that their pregnancy was intended were more likely to have a high birth weight baby (10.4 percent) than mothers who reported that their pregnancy was unintended (7.8 percent). The differences were statistically significant ($p=.05$).

Idaho PRATS

Newborn Hearing Screening

2001



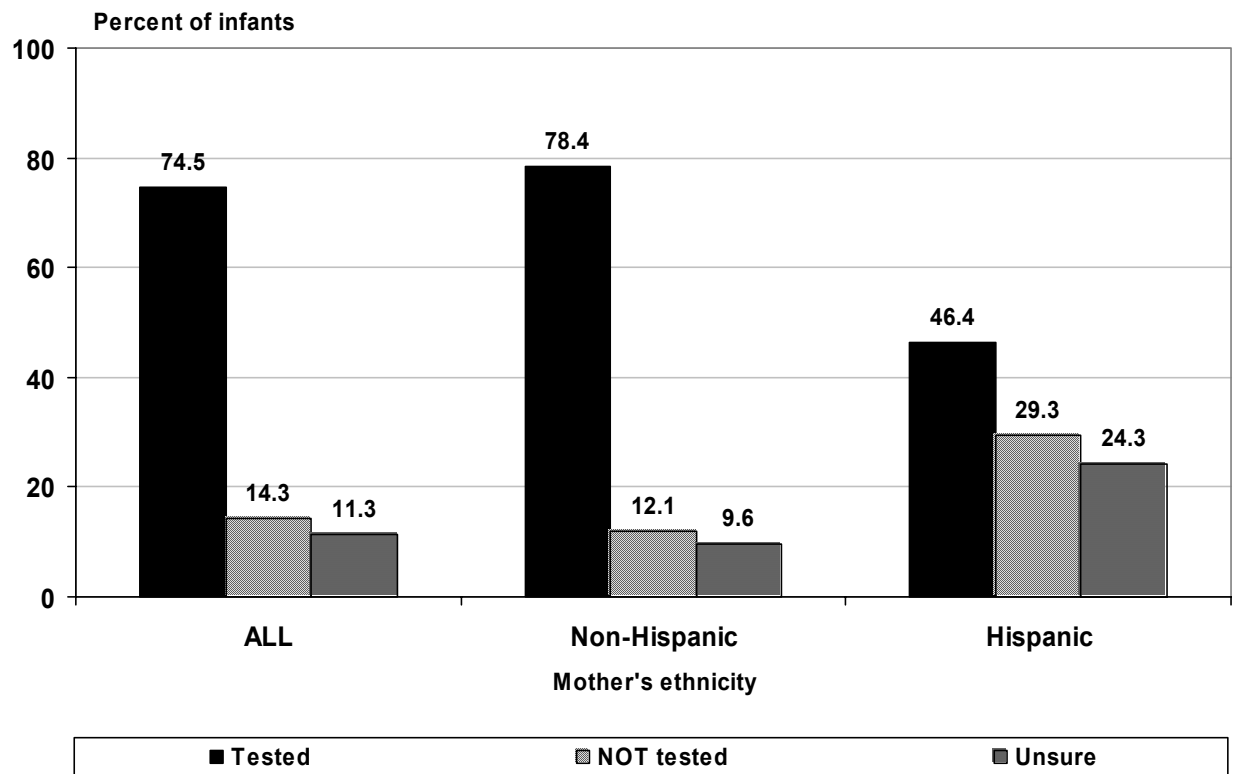
Summary

Universal Newborn Hearing Screening (UNHS) is required by law in more than 30 states. In Idaho, UNHS is not required by law; however, approximately 98 percent of Idaho babies are born in hospitals with UNHS programs. Almost three-quarters (74.5 percent) of Idaho resident adult mothers reported that their baby had his or her hearing screened after birth. Among mothers whose baby had a hearing screening, almost all (91.9 percent) indicated that their baby's hearing was screened before leaving the hospital or birthing center.

Idaho PRATS

Newborn Hearing Screening By Mother's Ethnicity

2001



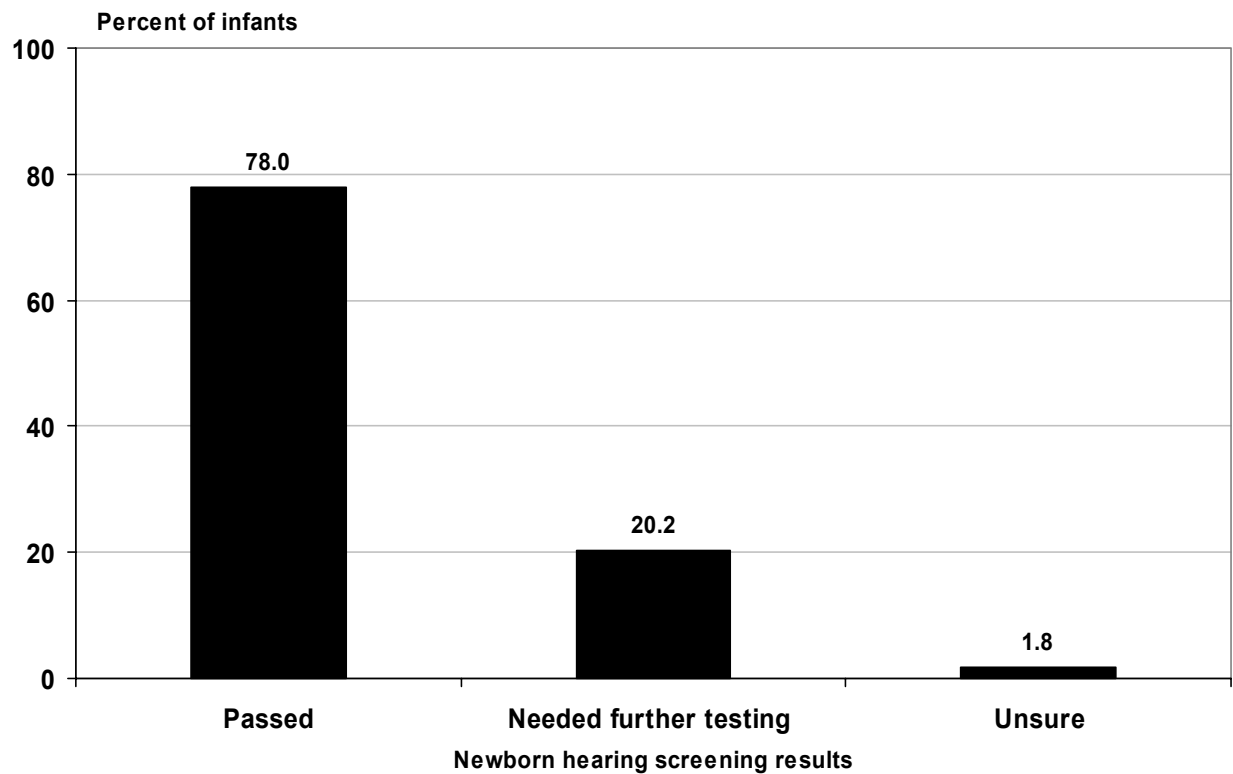
Summary

Babies of Hispanic mothers were 1.7 times less likely to have their hearing screened than babies of non-Hispanic mothers. Hispanic mothers were also 2.5 times more likely to be unsure as to whether their baby's hearing had been screened or not. The difference was statistically significant ($p=.05$).

Idaho PRATS

Results of Newborn Hearing Screening

2001

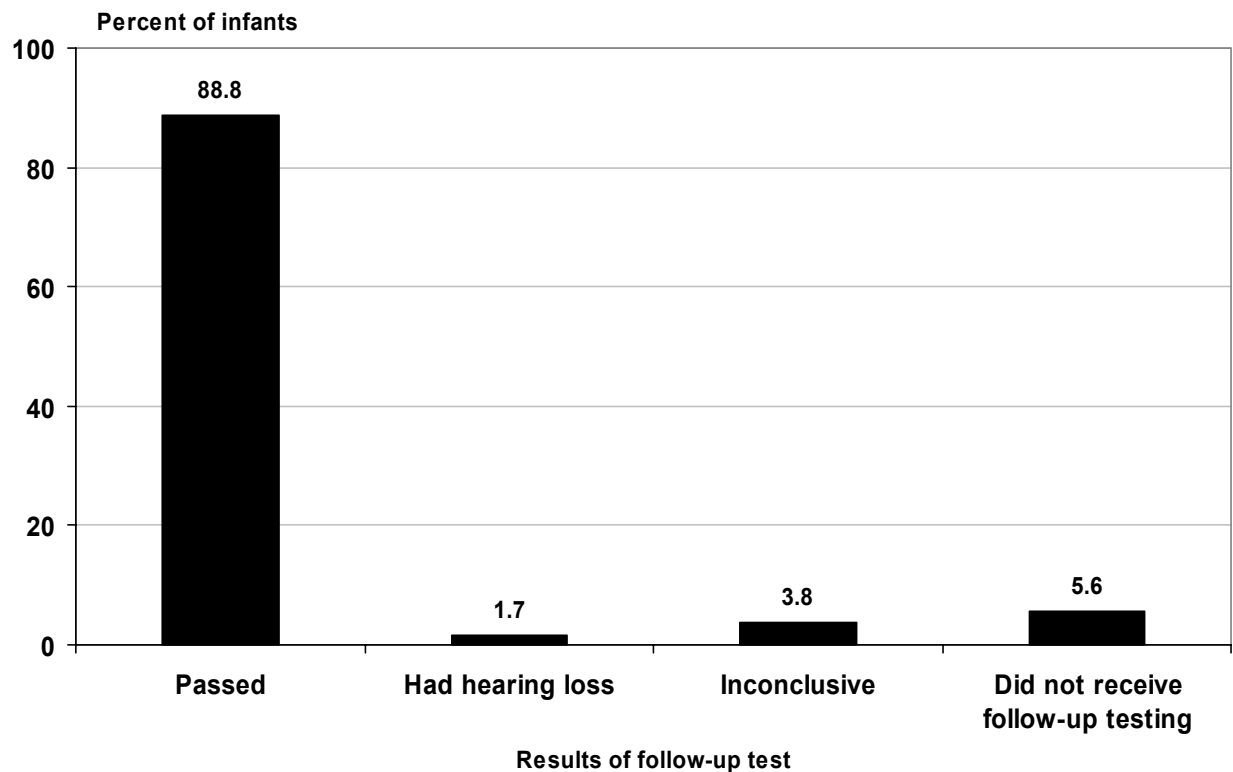


Summary

Among mothers who reported their baby's hearing was screened, over three-quarters (78.0 percent) of PRATS respondents reported that their baby passed the initial hearing screening. One of five (20.2 percent) of babies required follow-up testing.

Idaho PRATS

Results of Follow-Up Hearing Testing 2001



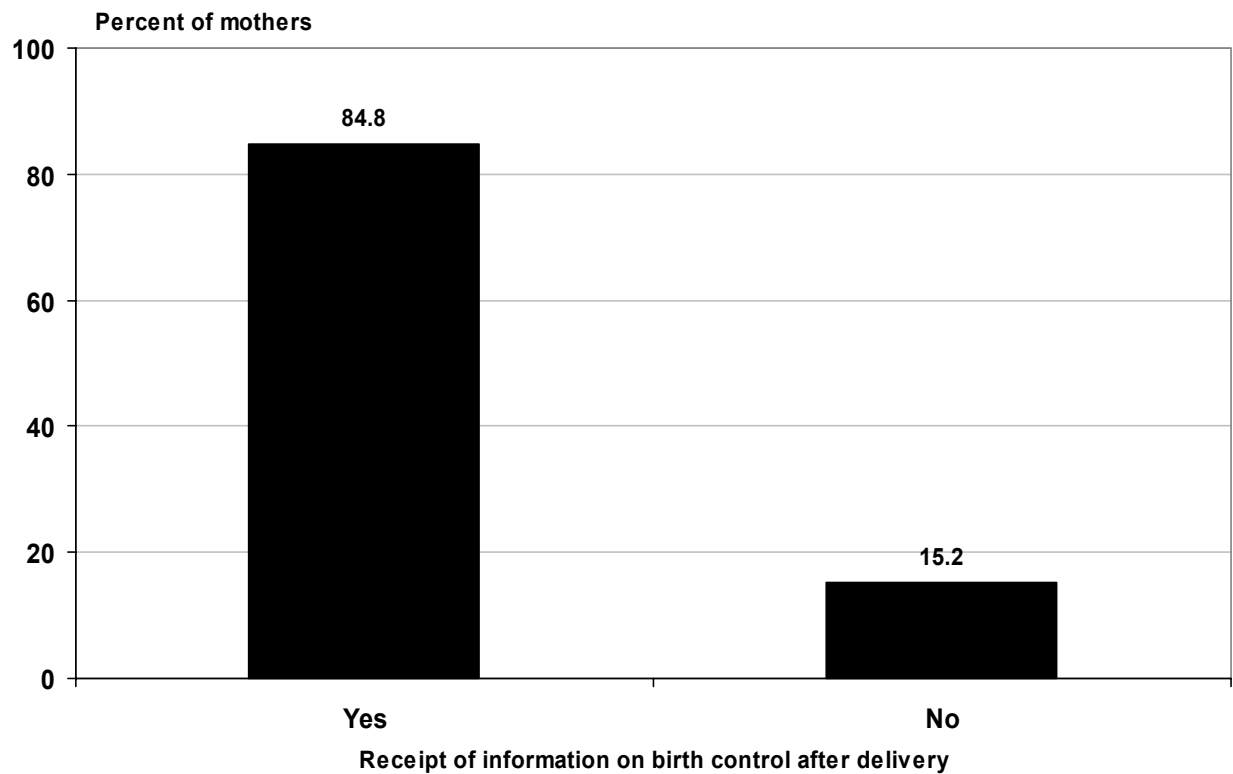
Summary

Of the mothers of babies who needed follow-up hearing tests, 88.8 percent reported that their baby passed the follow-up hearing test. Only 1.7 percent reported that their baby has hearing loss. One of twenty mothers (5.6 percent) never took their baby for follow-up testing.

Idaho PRATS

Birth Control Information After Delivery

2001



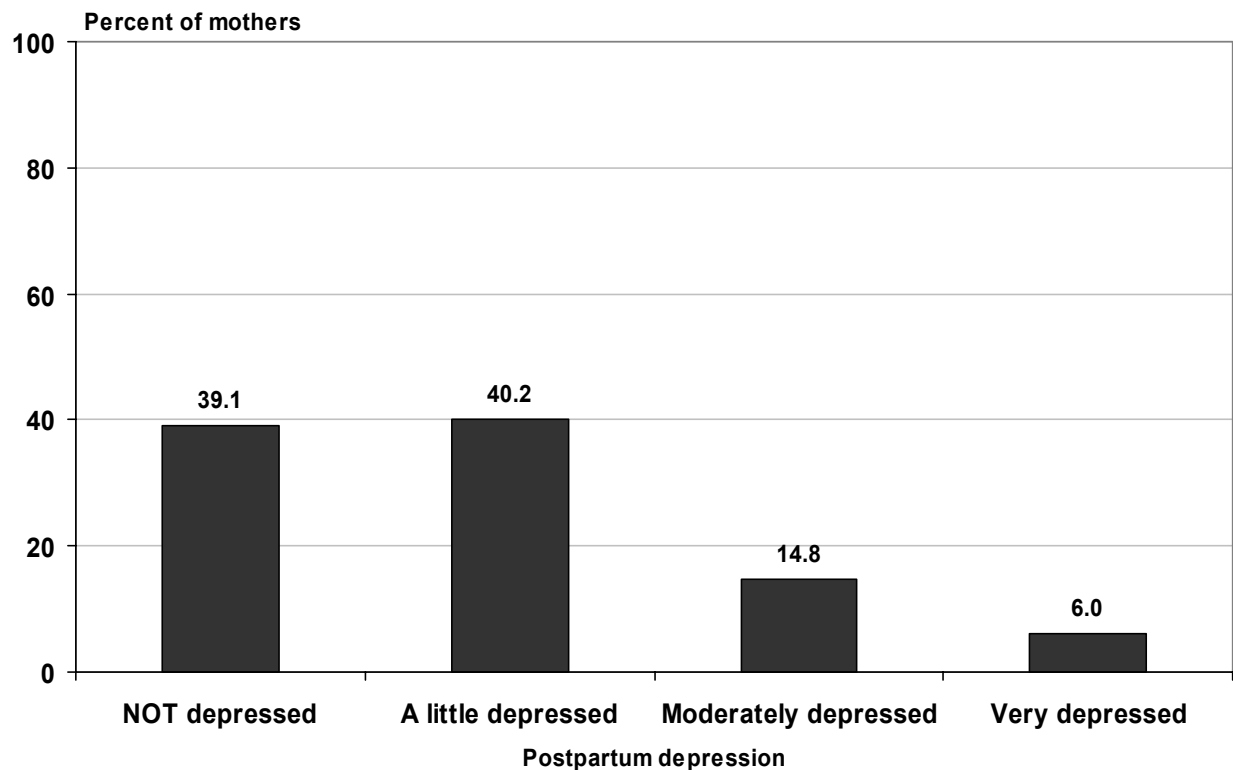
Summary

PRATS respondents were asked if they were given information about using birth control by a doctor, nurse, or other health care worker during the six weeks after their baby was born. Most Idaho resident adult mothers (84.8 percent) reported that they had been given information about birth control.

POSTPARTUM DEPRESSION

Idaho PRATS

Postpartum Depression During 3 Months After Delivery 2001

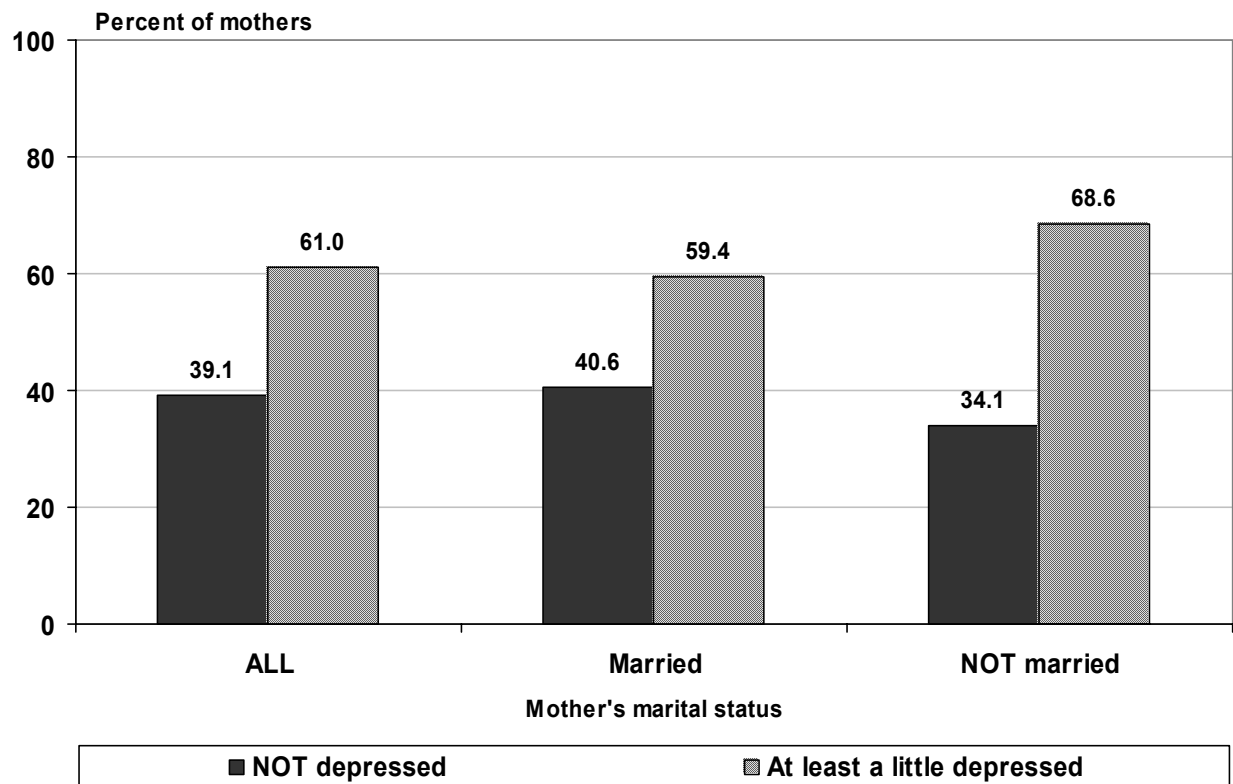


Summary

The majority of Idaho resident adult mothers reported feeling at least a little depressed during the 3 months after delivery. More than 1 of 3 mothers (39.1 percent), reported that they were not depressed at all. Only 6.0 percent reported feeling very depressed after their delivery.

Idaho PRATS

Postpartum Depression During 3 Months After Delivery By Mother's Marital Status 2001

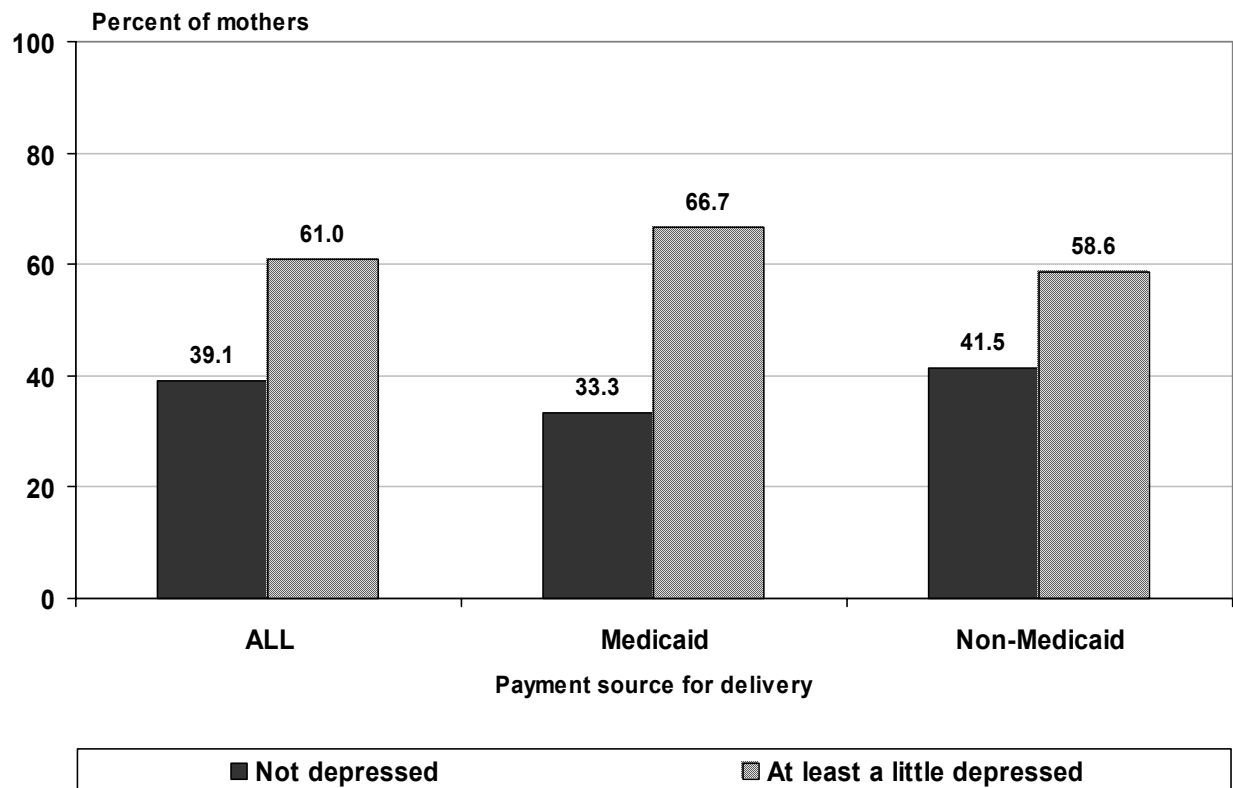


Summary

Idaho resident adult mothers who were not married were more likely to be at least a little depressed during the three months after delivery (68.6 percent) than married mothers (59.4 percent). The difference was statistically significant ($p=.05$).

Idaho PRATS

Postpartum Depression During 3 Months After Delivery By Payment Source for Delivery 2001

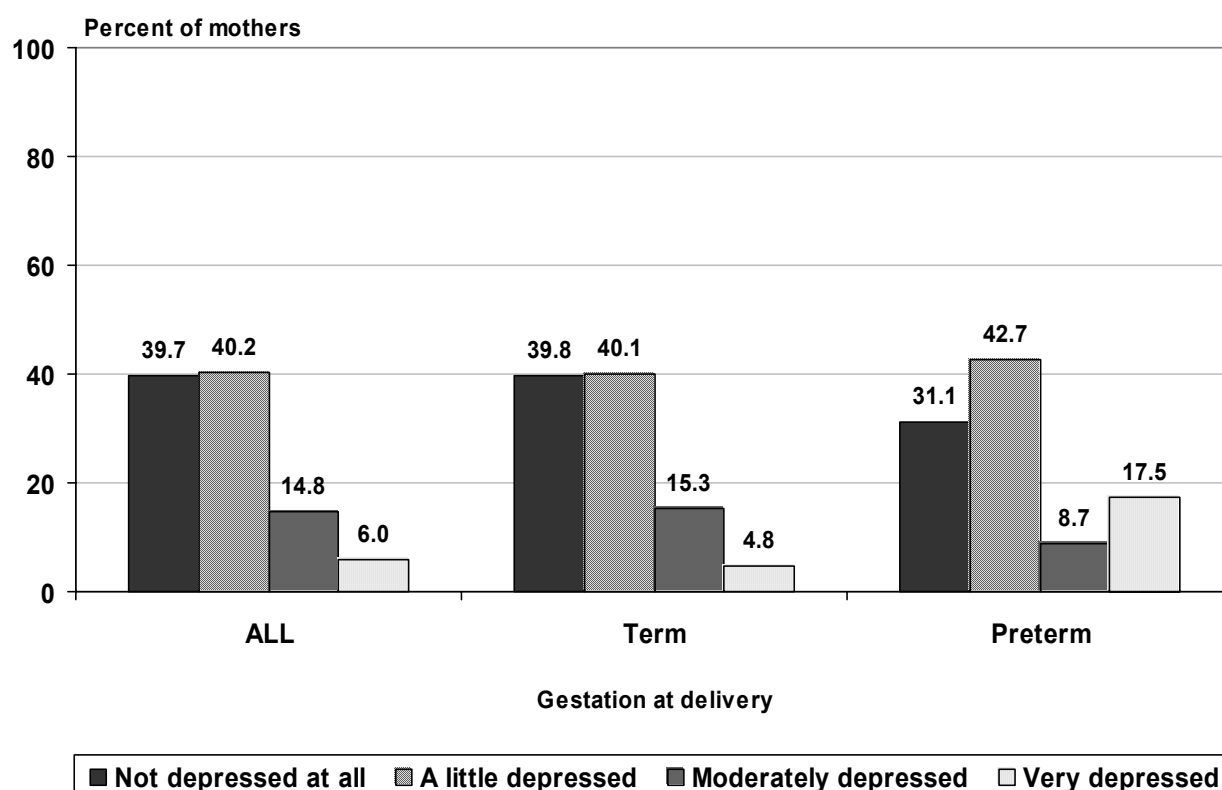


Summary

Idaho resident adult mothers whose delivery was paid for by Medicaid were more likely to be at least a little depressed during the three months after delivery (66.7 percent) than mothers whose delivery was paid for by some other source (58.6 percent). The difference was statistically significant ($p=.05$).

Idaho PRATS

Postpartum Depression During 3 Months After Delivery By Preterm Delivery (<37 Weeks Gestation) 2001

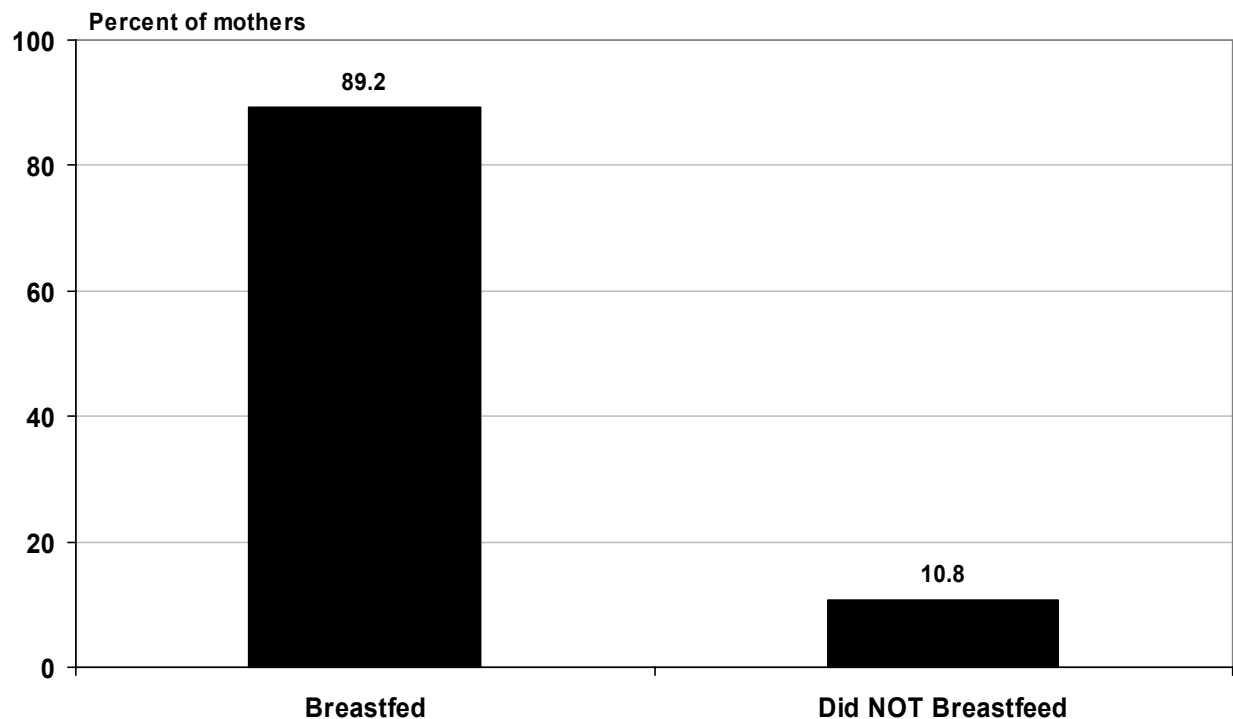


Summary

Idaho resident adult mothers who gave birth to a preterm baby were 3.6 times more likely to be very depressed during the 3 months after delivery than mothers who gave birth to a full term baby. Mothers who gave birth to a full term baby were 1.8 times more likely to be moderately depressed during the 3 months after delivery than mothers who gave birth to a preterm baby ($p=.05$).

BREASTFEEDING

Idaho PRATS Prevalence of Breastfeeding 2001



Summary

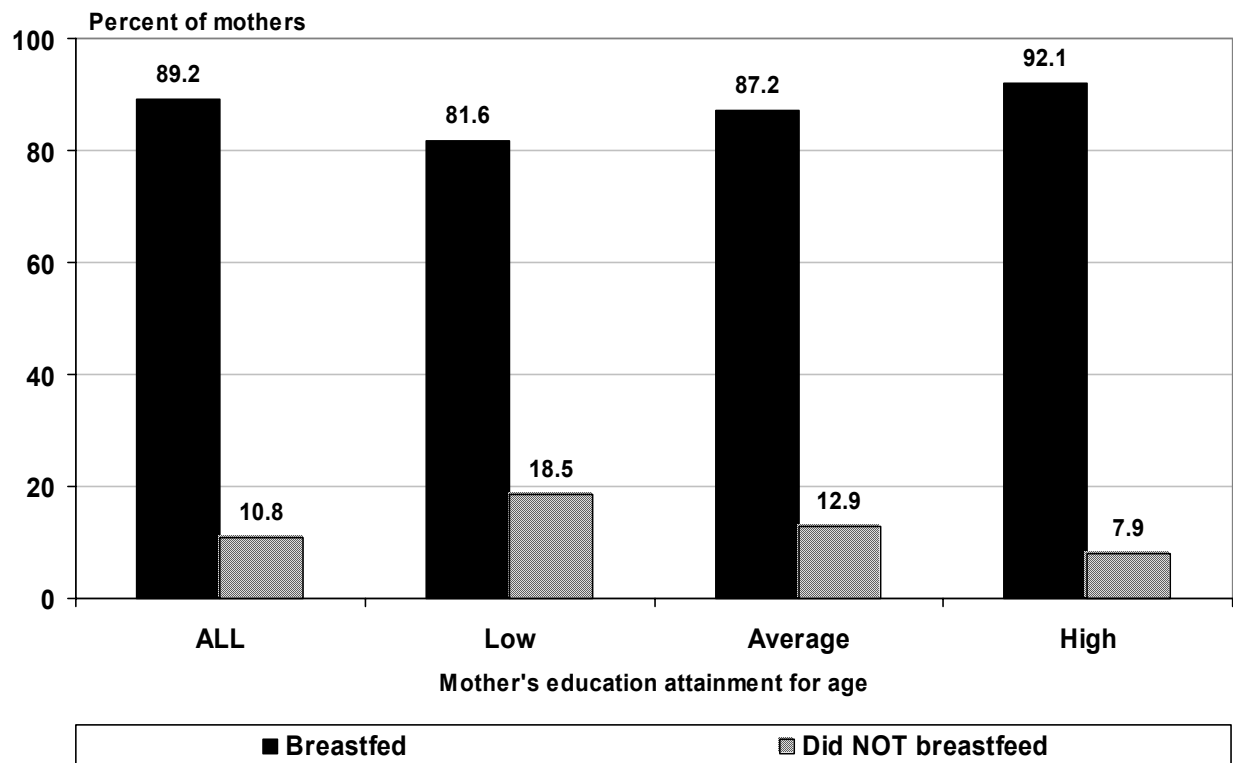
The American Academy of Pediatrics and the World Health Organization recommend breastfeeding for at least the first year of life. Breastfeeding is associated with increased resistance to infections, decreased risk of Sudden Infant Death Syndrome (SIDS), enhanced neurological development, and numerous other benefits (Oregon Department of Human Services, 2004). PRATS respondents were asked whether they had ever breastfed their new baby. Without reference to length of time, 89.2 percent of Idaho adult mothers breastfed their new baby.

Idaho PRATS

Prevalence of Breastfeeding

By Mother's Education Attainment for Age

2001



Summary

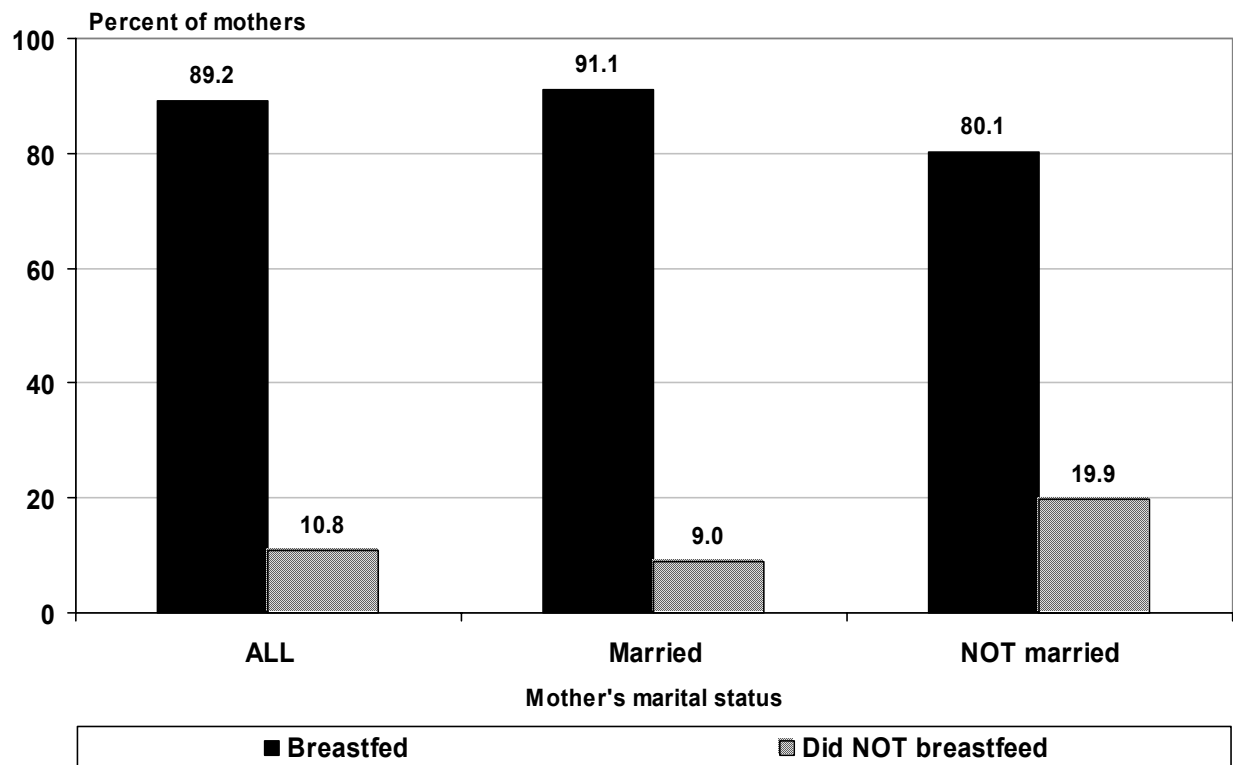
The prevalence of breastfeeding among Idaho resident adult mothers was 89.2 percent and 92.1 percent for mothers with average or high education, respectively, compared with 81.6 percent for mothers with low education attainment for age. The difference between mothers with low educational attainment and those with high educational attainment was statistically significant ($p=.05$).

Idaho PRATS

Prevalence of Breastfeeding

By Mother's Marital Status

2001



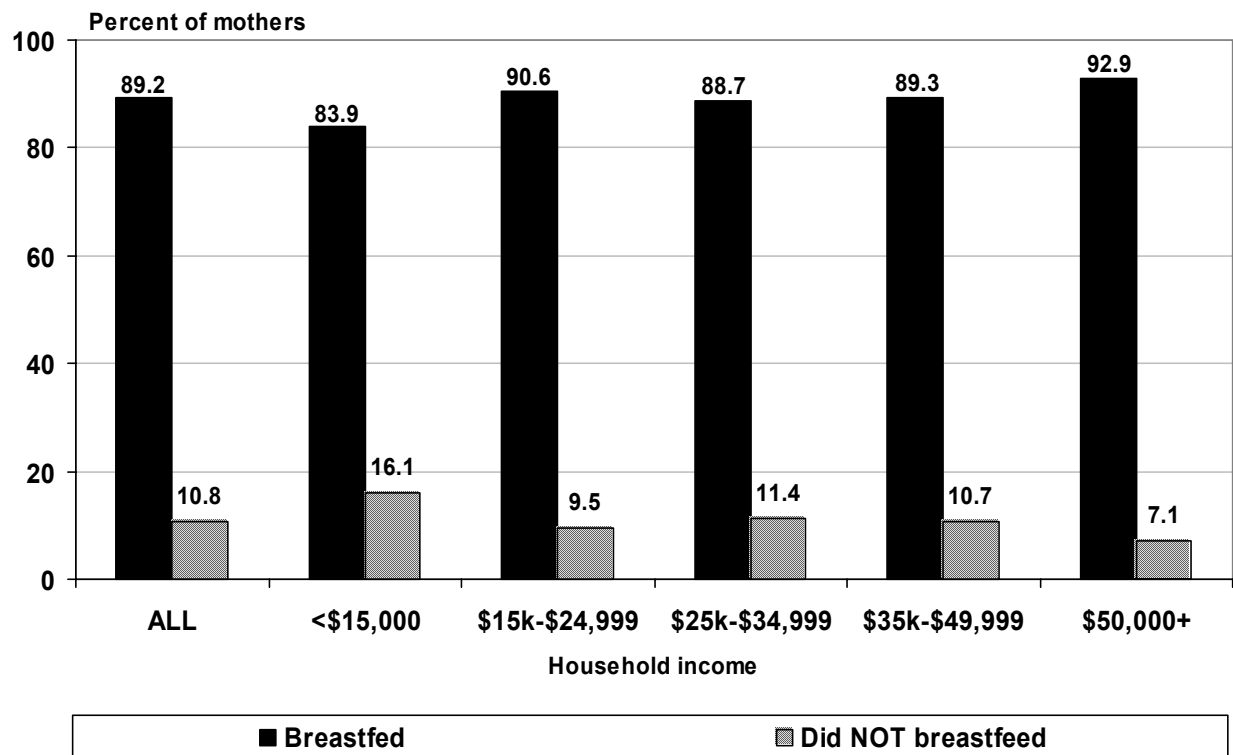
Summary

The prevalence of breastfeeding among Idaho resident adult mothers was 91.1 percent for mothers who were married, compared with 80.1 percent for mothers who were not married. The difference was statistically significant ($p=.05$).

Idaho PRATS

Prevalence of Breastfeeding

By Household Income 12 Months Prior to Pregnancy 2001



Summary

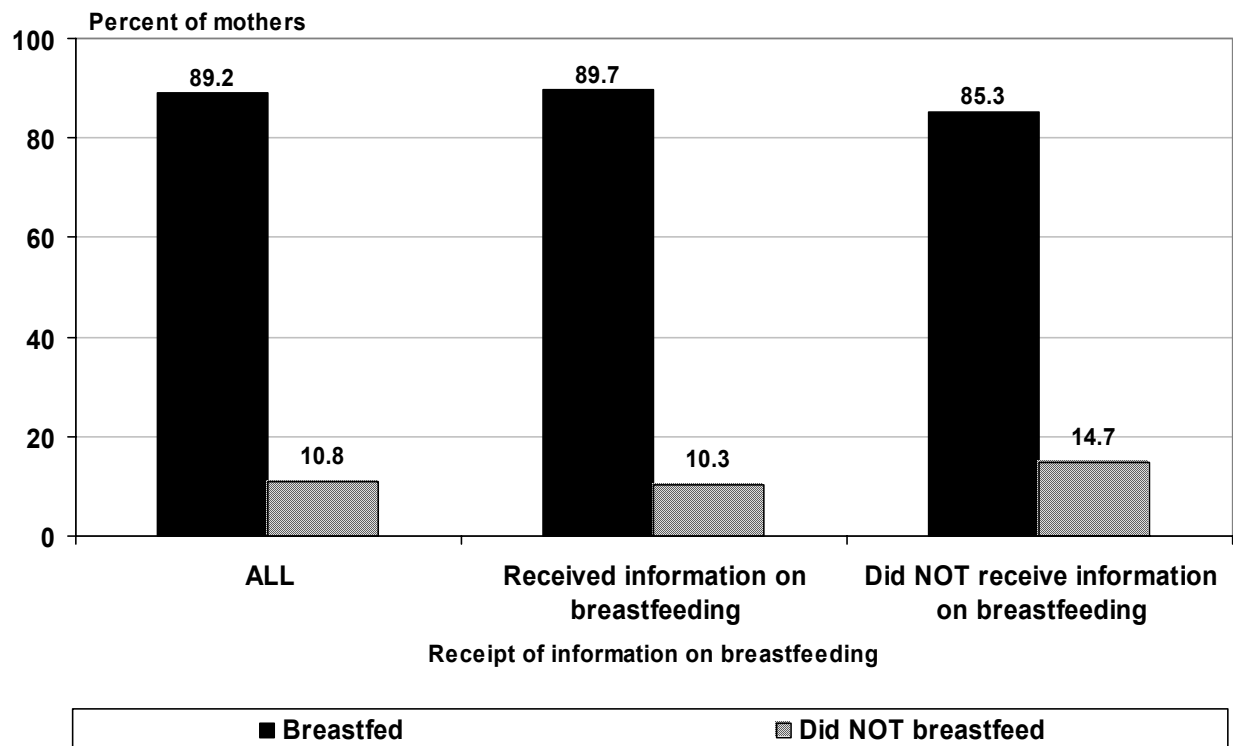
The prevalence of breastfeeding among Idaho resident adult mothers increased with household income. There was a difference of nine percentage points in breastfeeding rates between mothers with incomes of \$50,000 and greater and mothers with incomes of less than \$15,000. Mothers with incomes between \$15,000 and \$24,999, however, had the second highest rate of breastfeeding (90.6 percent). The difference between the lowest and highest income categories was statistically significant ($p=.05$).

Idaho PRATS

Prevalence of Breastfeeding

By Receipt of Information About Breastfeeding

2001

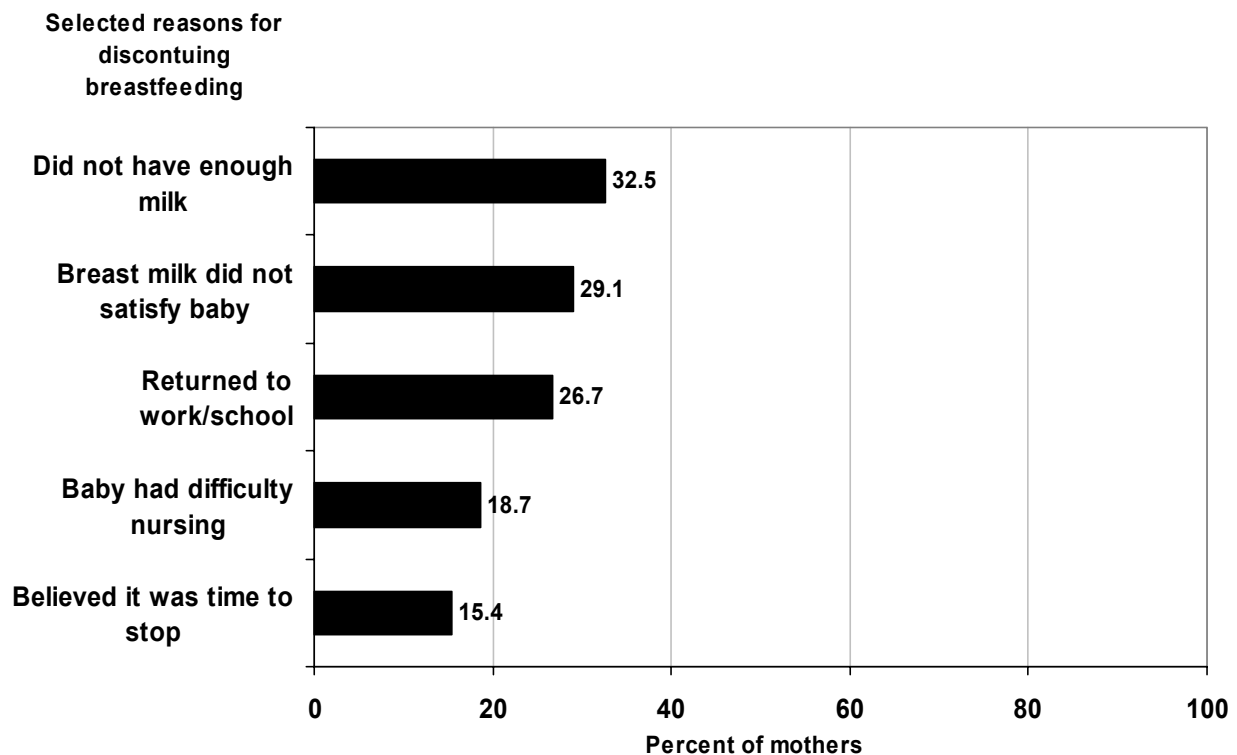


Summary

There was no statistically significant difference between mothers who received information on the benefits of breastfeeding during prenatal visits and those who did not receive information with regard to the prevalence of breastfeeding ($p=.05$).

Idaho PRATS

Selected Reasons for Discontinuing Breastfeeding 2001



Summary

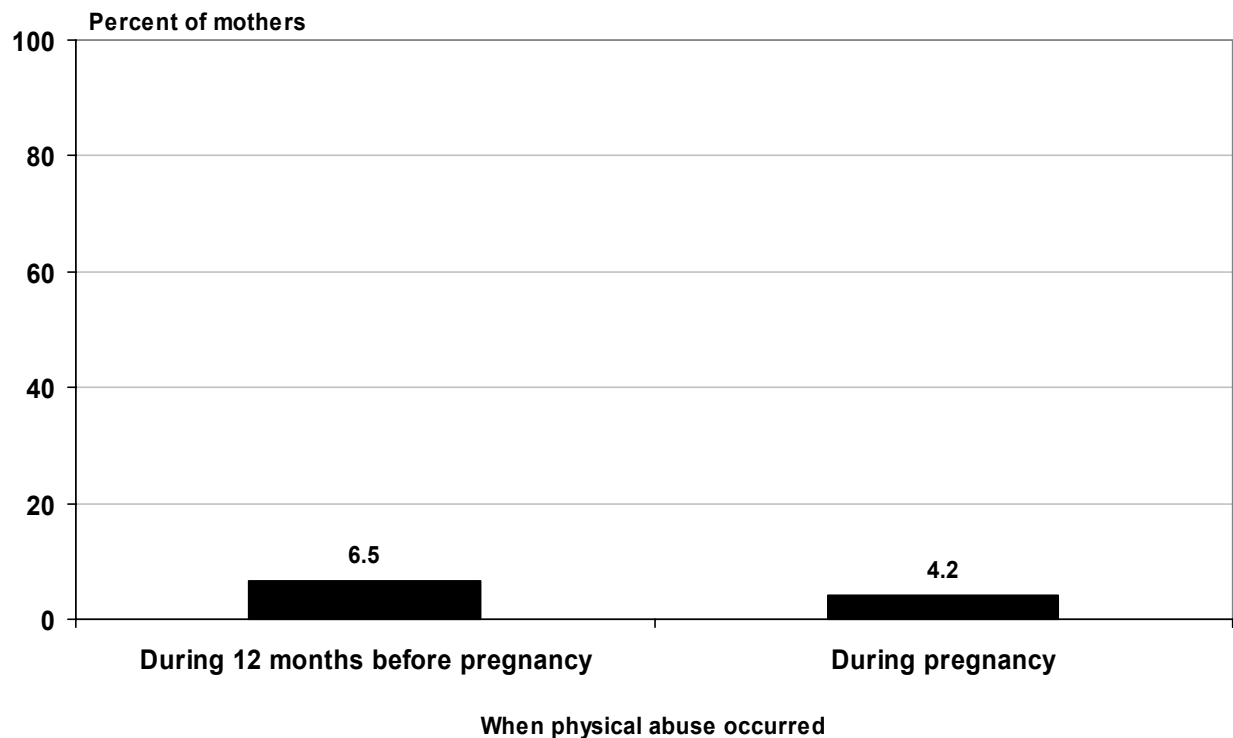
A variety of reasons for discontinuing breastfeeding were given by PRATS respondents. The most common were not having enough milk (32.5 percent) and breast milk alone not satisfying their baby (29.1 percent). Reasons not shown in the graph include nipple or breast problems (13.3 percent), inconvenient to continue (13.0 percent), and needing someone else to feed the baby (10.1 percent), among others.

PHYSICAL ABUSE

Idaho PRATS

Physical Abuse Before or During Pregnancy

2001



Summary

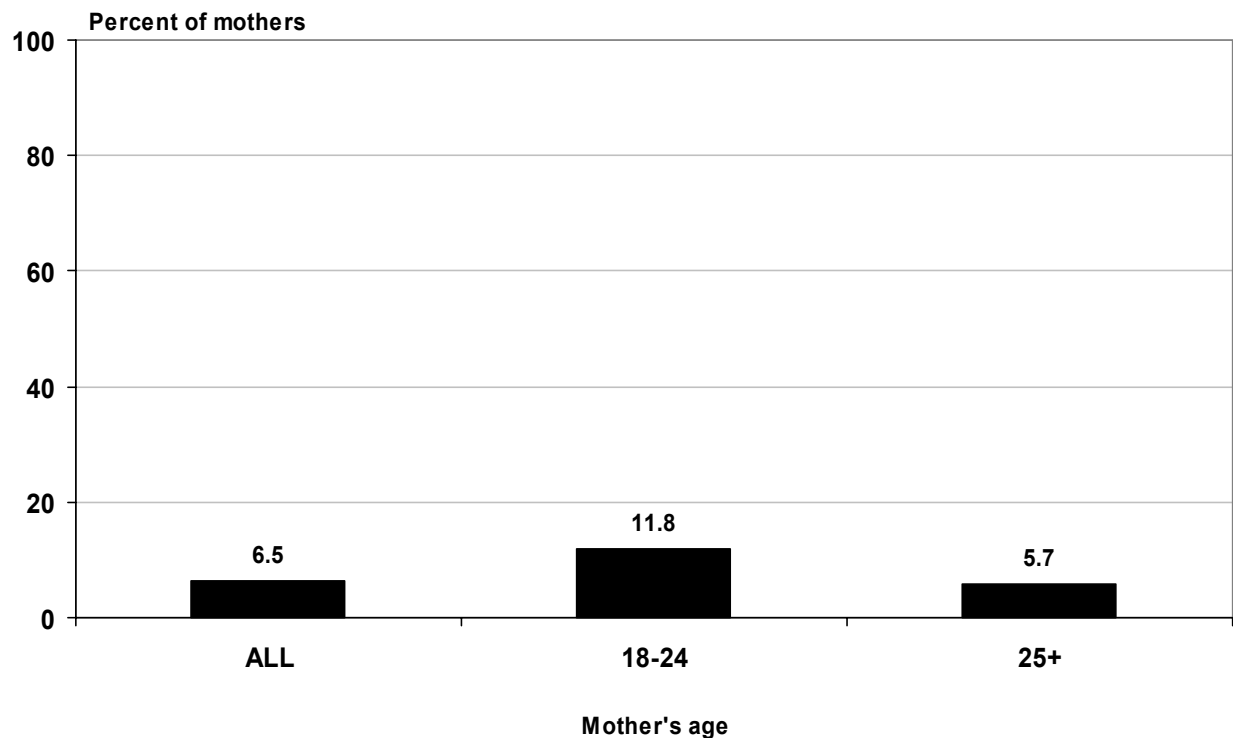
PRATS respondents were asked if anyone pushed, hit, slapped, kicked, choked, or physically hurt them during the 12 months before they got pregnant and during their most recent pregnancy. One of fifteen mothers (6.5 percent) reported that they were physically abused during the 12 month period before pregnancy. Nearly 1 of 20 mothers (4.2 percent) reported that they were physically abused during pregnancy.

Idaho PRATS

Physical Abuse During 12 Months Before Pregnancy

By Mother's Age

2001



Summary

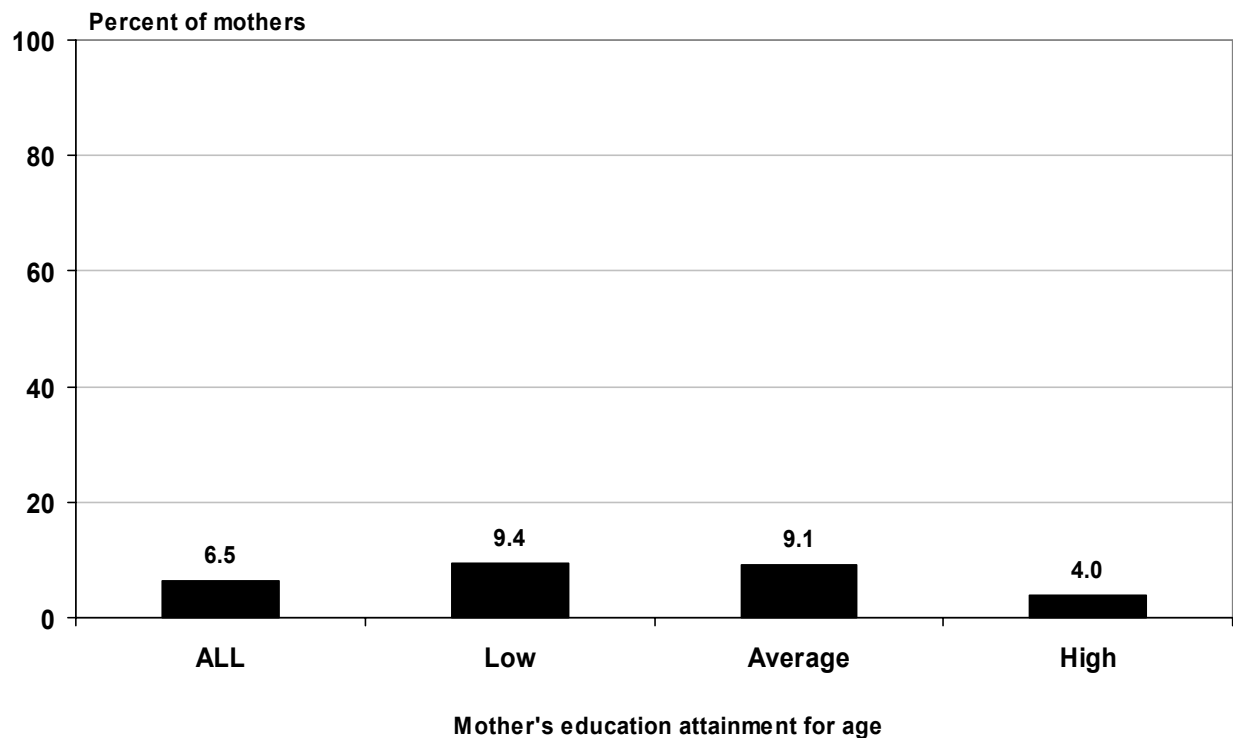
The risk of physical abuse during the 12 month period before pregnancy was 2.1 times higher for Idaho resident mothers 18 to 24 years of age (11.8 percent) compared with mothers 25 years of age and older (5.7 percent). The difference was statistically significant ($p=.05$).

Idaho PRATS

Physical Abuse During 12 Months Before Pregnancy

By Mother's Education Attainment for Age

2001



Summary

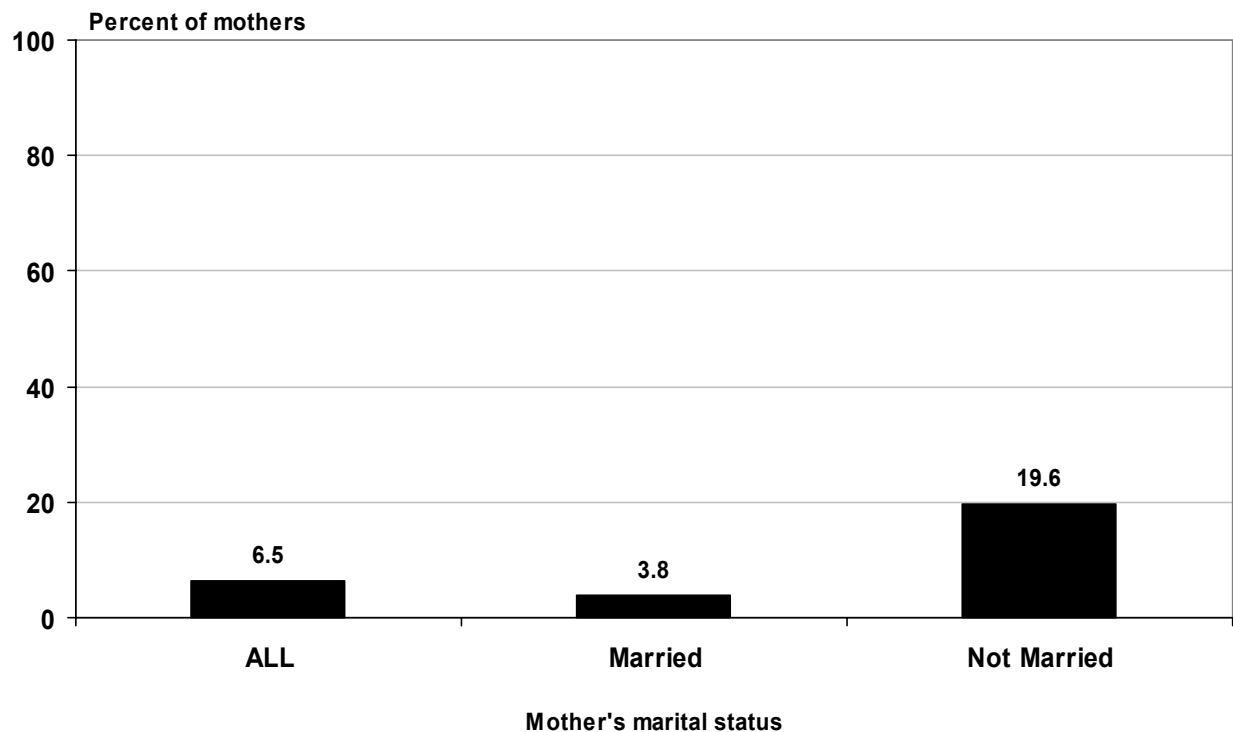
The risk of physical abuse during the 12 month period before pregnancy was higher for Idaho resident adult mothers with low or average education attainment for age (9.4 percent and 9.1 percent, respectively) than for mothers with high education attainment for age (4.0 percent). The difference was statistically significant ($p=.05$).

Idaho PRATS

Physical Abuse During 12 Months Before Pregnancy

By Mother's Marital Status

2001

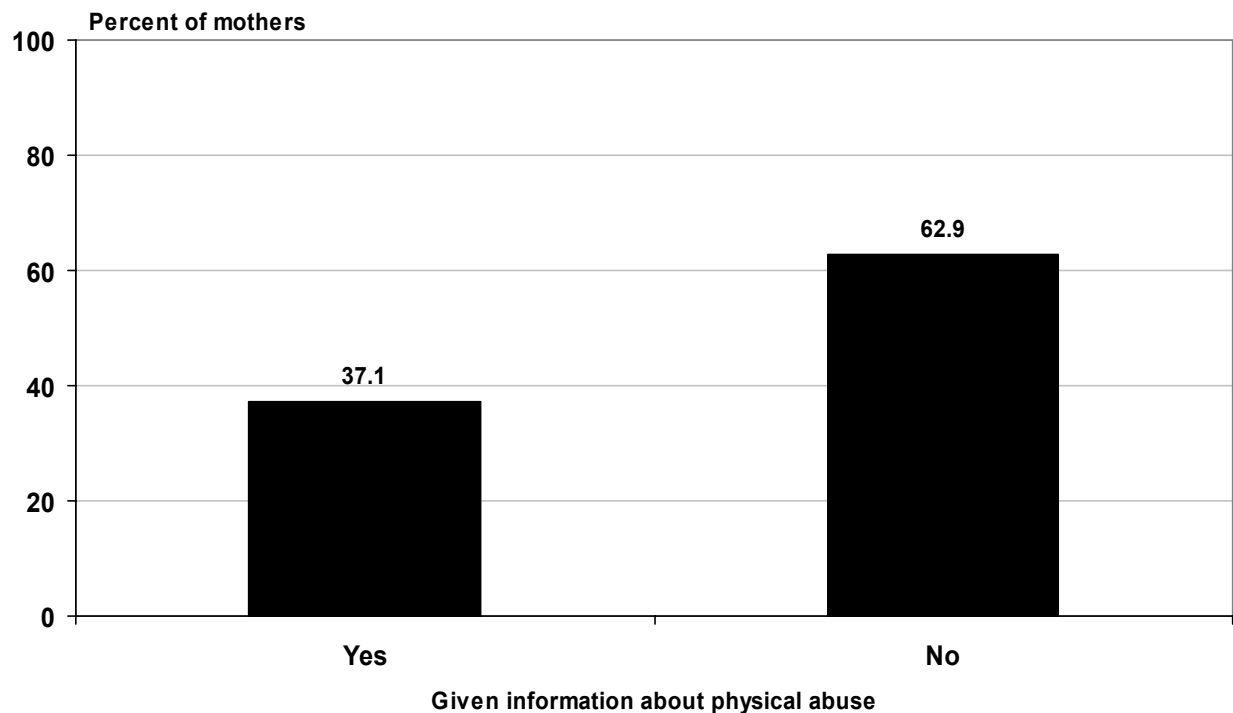


Summary

The risk of physical abuse during the 12 month period before pregnancy was higher for women who were not married (19.6 percent) than married women (3.8 percent). The difference was statistically significant ($p=.05$).

Idaho PRATS

Information About Physical Abuse During Prenatal Care Visits 2001

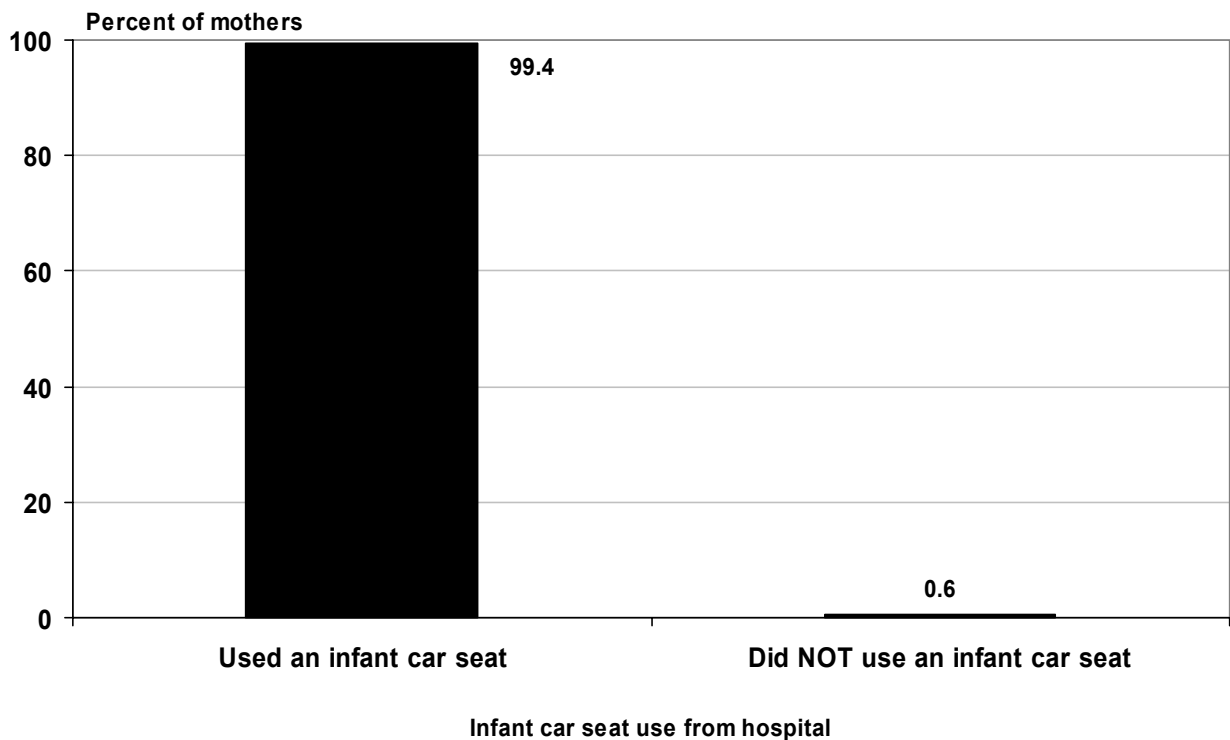


Summary

Just over one-third of Idaho resident adult mothers who received prenatal care (37.1 percent) were given information about physical abuse to women by their husband or partner by a doctor, nurse, or other health care provider. There was no statistically significant difference in the receipt of information between women who reported abuse during the 12 months before pregnancy or during pregnancy and those who did not report abuse during those times ($p=.05$).

INFANT HEALTH AND SAFETY

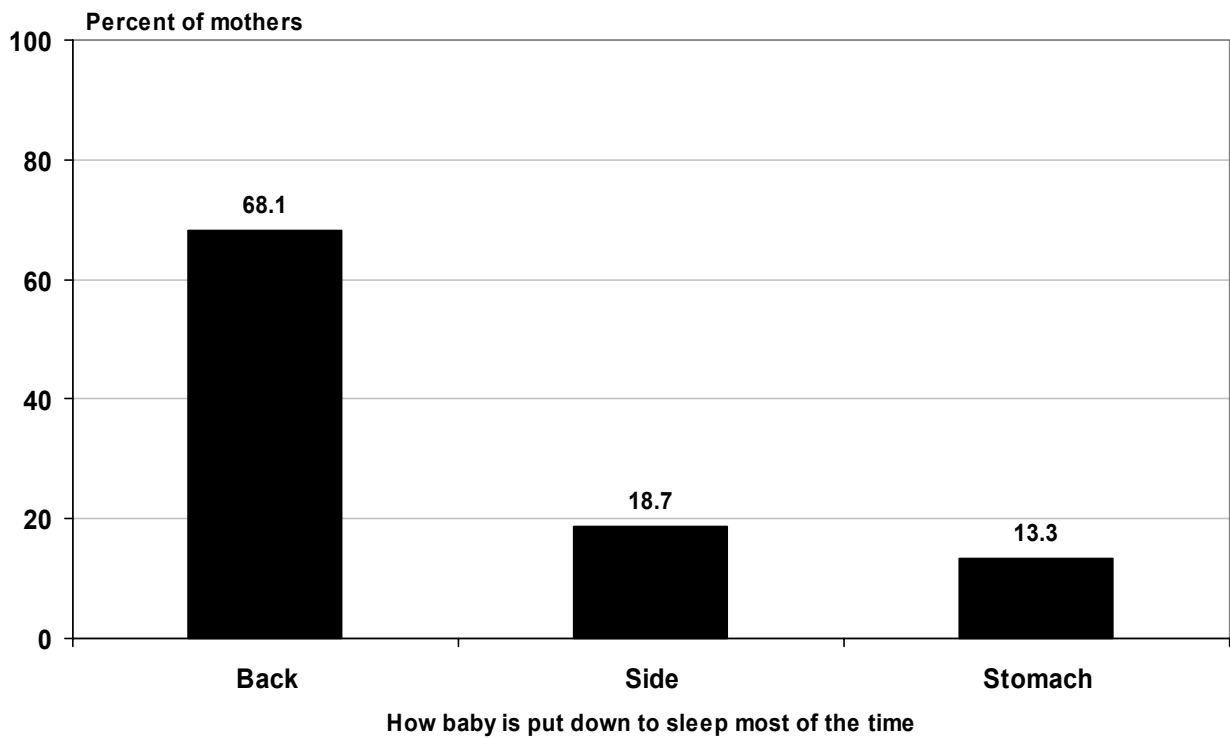
Idaho PRATS Baby Car Seat Use (From Hospital to Home) 2001



Summary

PRATS respondents were asked if they brought their new baby home using a car seat. Almost all mothers (99.4 percent) reported use of an infant car seat when they brought their new baby home from the hospital.

Idaho PRATS Baby Sleep Position 2001



Summary

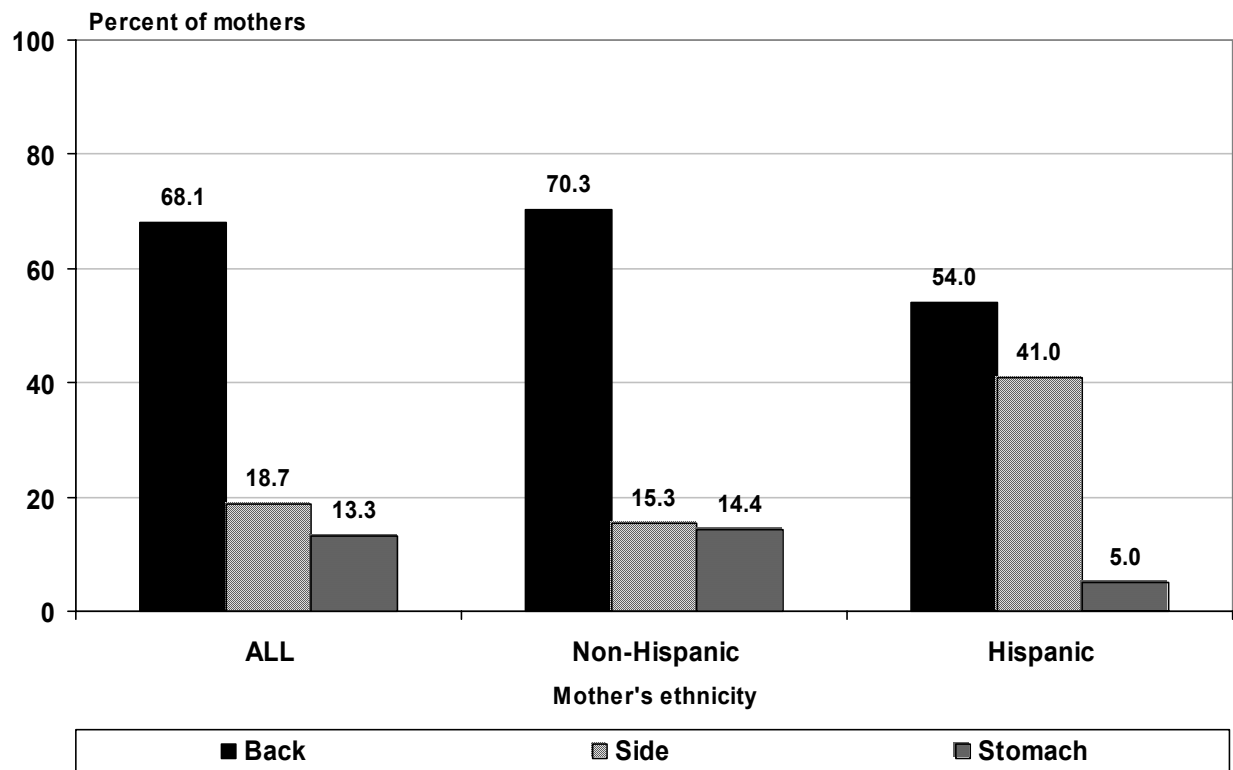
Since 1992, the American Academy of Pediatrics has recommended that infants be put down to sleep on their backs to reduce the risk of Sudden Infant Death Syndrome (SIDS) (Recommendation 9946). PRATS results indicate that 68.1 percent of Idaho resident adult mothers put their new baby down to sleep on his/her back most of the time. The prone sleep position (stomach) is a major risk factor for SIDS. Nearly 1 of 8 Idaho resident adult mothers (13.3 percent) reported that they placed their baby on his/her stomach to sleep most of the time.

Idaho PRATS

Baby Sleep Position

By Mother's Ethnicity

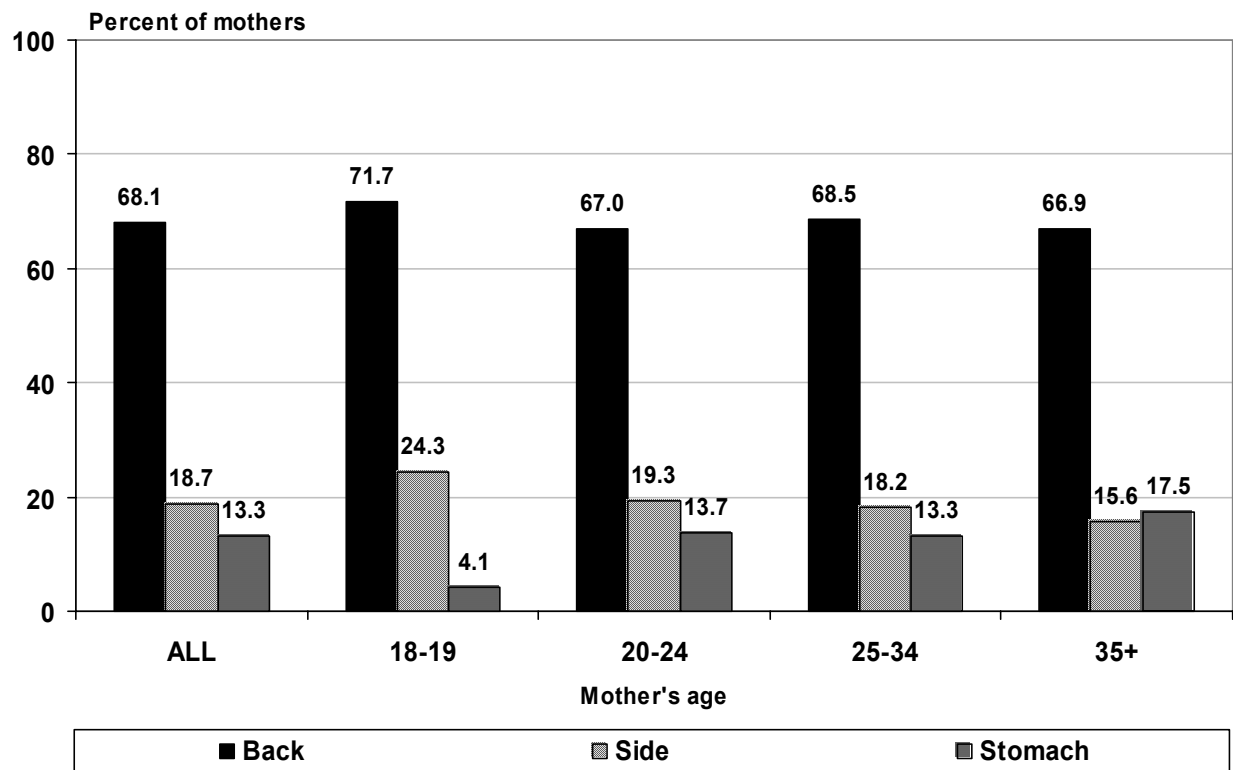
2001



Summary

Non-Hispanic mothers were 2.9 times more likely to lay their baby to sleep in the prone position (stomach) than Hispanic mothers. Hispanic mothers were less likely to lay their baby to sleep in the recommended position (back) (54.0 percent) than non-Hispanic mothers (70.3 percent). The difference was statistically significant ($p=.05$).

Idaho PRATS Baby Sleep Position By Mother's Age 2001



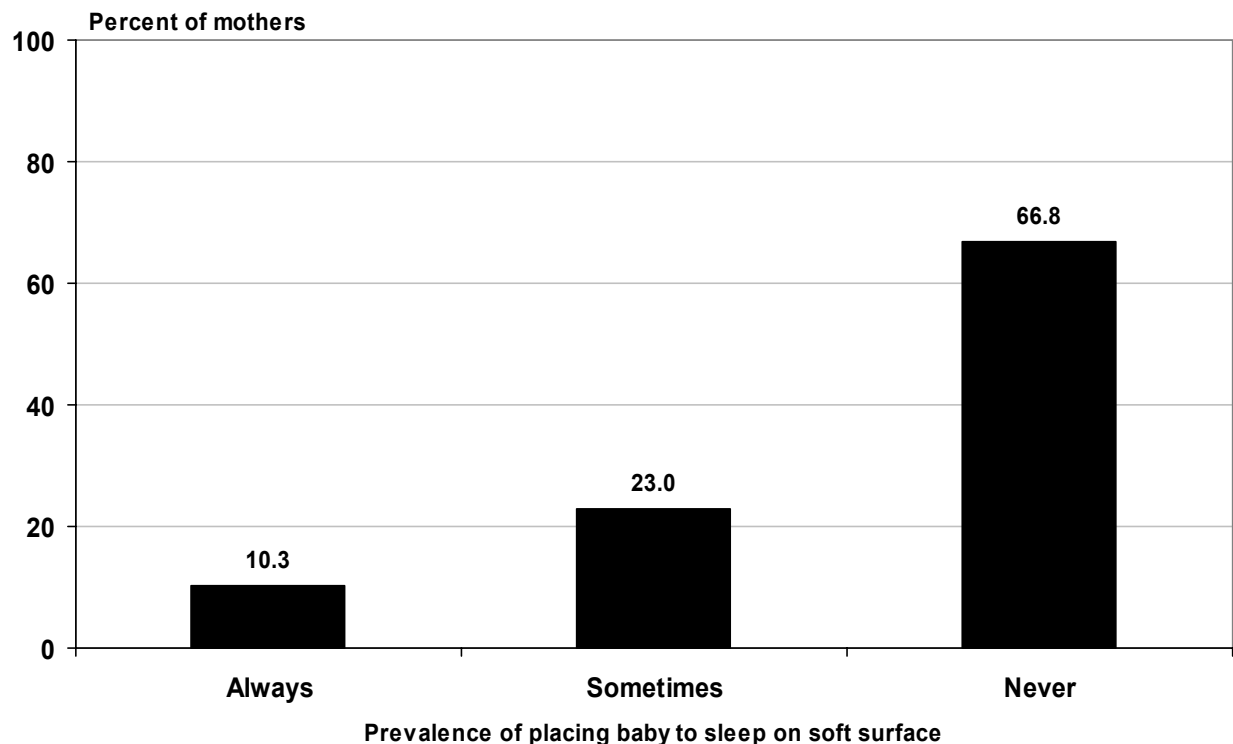
Summary

Idaho resident adult mothers aged 35 and older were the most likely to lay their baby to sleep in the prone (stomach) position (17.5 percent). Mothers aged 18 to 19 were significantly less likely to lay their baby to sleep in the prone position (4.1 percent). The difference was statistically significant ($p=.05$).

Idaho PRATS

Prevalence of Soft Baby Sleep Surface

2001



Summary

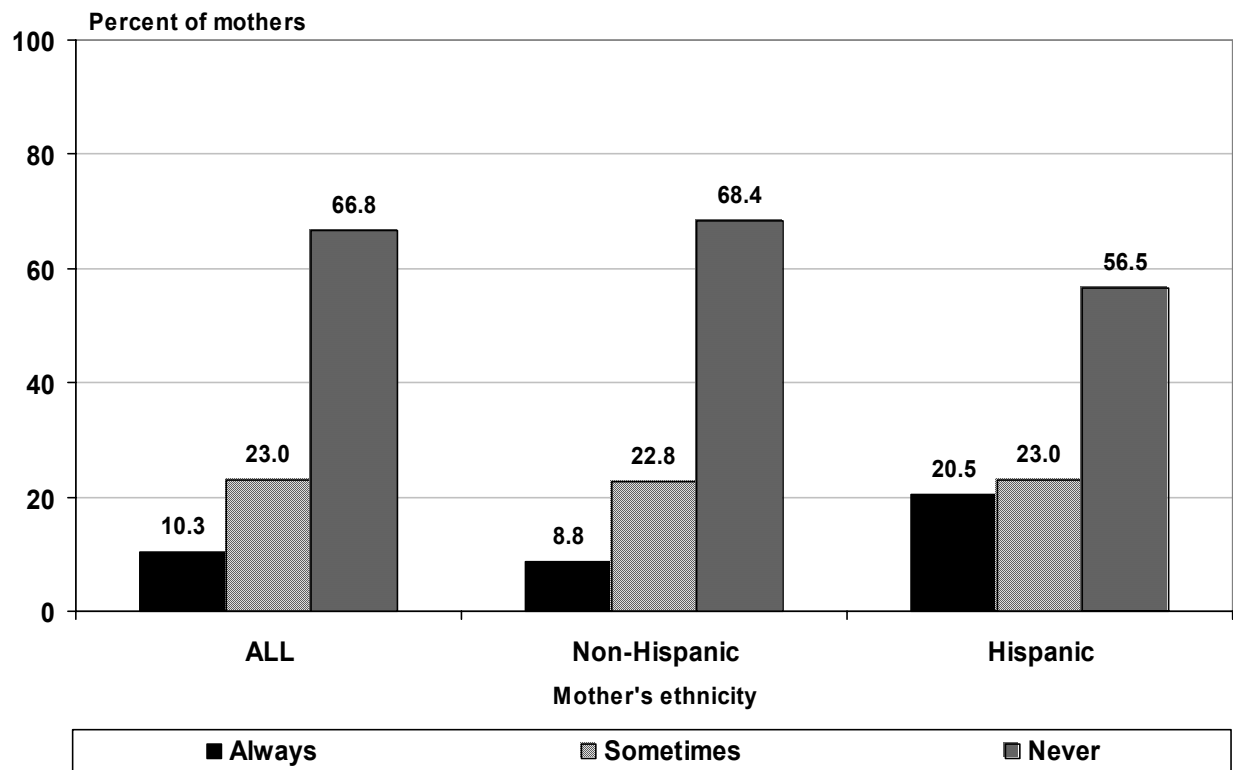
The National Institute of Child Health and Human Development (2003) and the U.S. Consumer Product Safety Commission warn against placing any soft, plush, or bulky items, such as pillows, quilts, comforters, sheepskins, or stuffed toys in the baby's sleep area. PRATS respondents were asked how often their baby slept on something soft, like a fluffy blanket or comforter, soft pillow, featherbed, or sheepskin. Two-thirds (66.8 percent) of respondents reported that their baby never slept on soft surfaces. One in ten respondents (10.3 percent) reported that their baby always slept on soft surfaces.

Idaho PRATS

Prevalence of Soft Baby Sleep Surface

By Mother's Ethnicity

2001



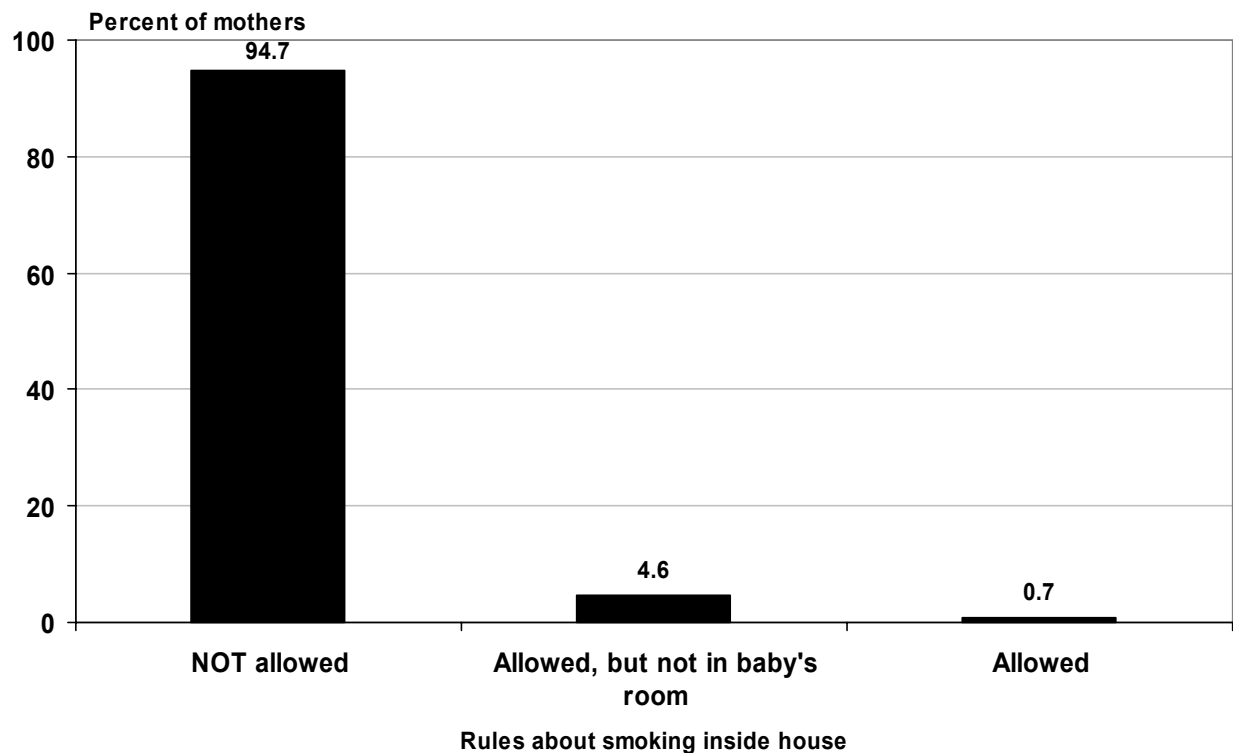
Summary

Of Idaho resident adult mothers, Hispanic mothers were 2.3 times more likely to always lay their baby to sleep on something soft such as a fluffy blanket or comforter, soft pillow, featherbed, or sheepskin (20.5 percent) than non-Hispanic mothers (8.8 percent). The difference was statistically significant ($p=.05$).

Idaho PRATS

Rules About Smoking Inside House

2001



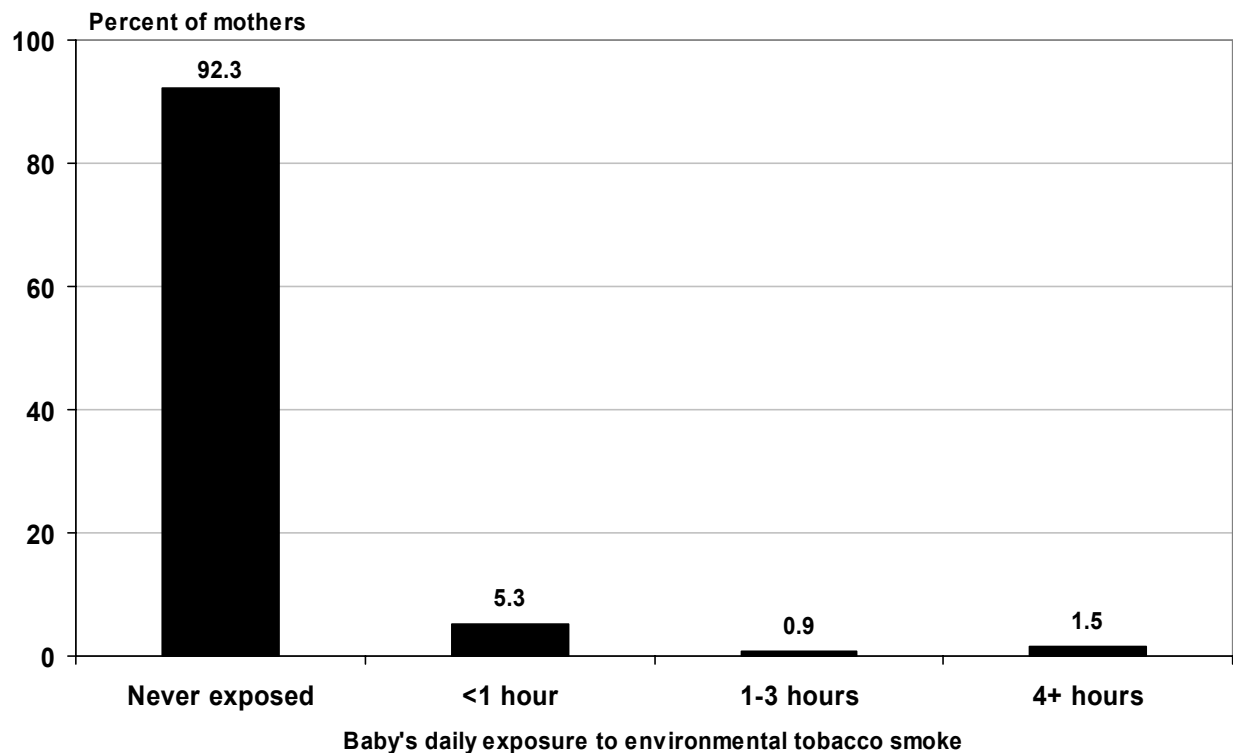
Summary

PRATS respondents were asked about the rules for smoking inside their house. Nearly all Idaho resident adult mothers (94.7 percent) did not allow smoking inside their home. Less than 1 of 20 mothers (4.6 percent) allowed smoking inside their homes, but not in the baby's room. Only 0.7 percent of mothers allowed smoking anywhere inside their home.

Idaho PRATS

Baby's Daily Exposure to Environmental Tobacco Smoke

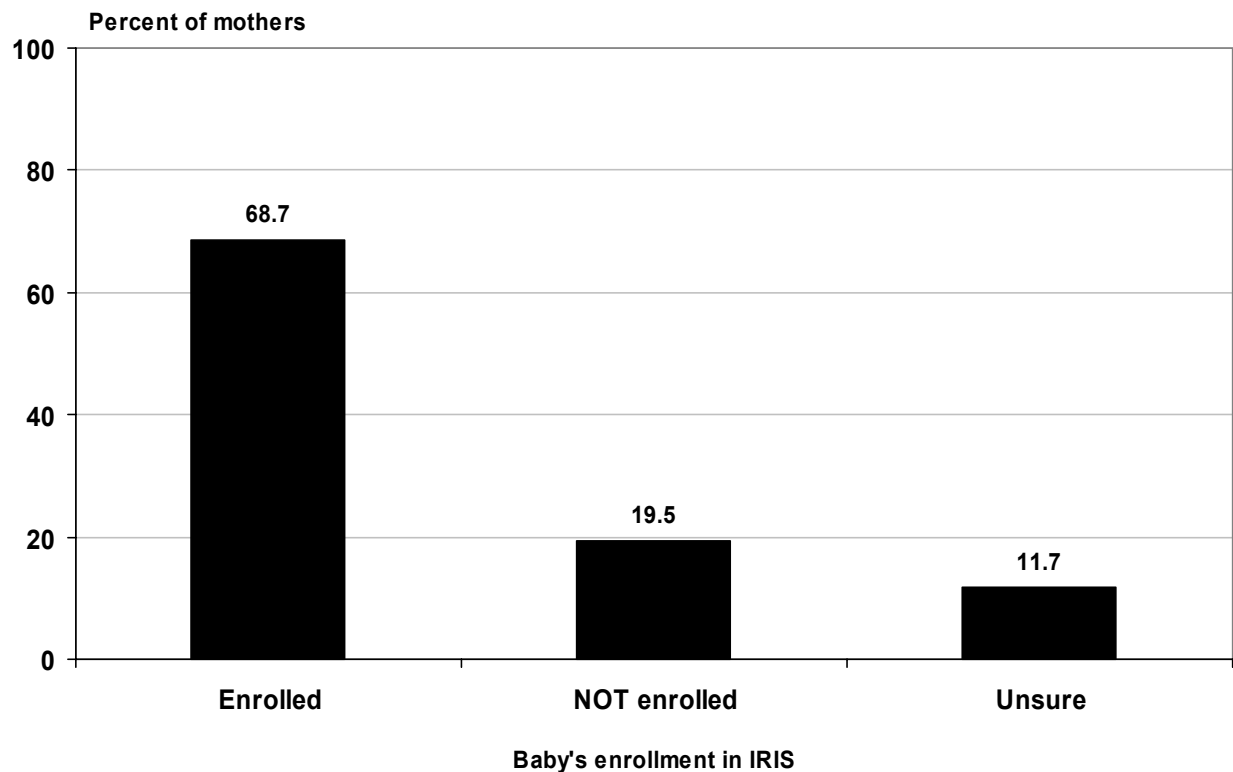
2001



Summary

PRATS respondents were asked about how many hours a day, on average, their new baby was in the same room with someone who was smoking. Only 7.7 percent of Idaho resident adult mothers reported that their new baby had some daily exposure to environmental tobacco smoke. Of these cases, slightly over two-thirds were exposed for less than an hour a day. Of those exposed for more than an hour a day, the average exposure was 7.4 hours a day.

Idaho PRATS Enrollment in Idaho's Immunization Reminder Information System (IRIS) 2001



Summary

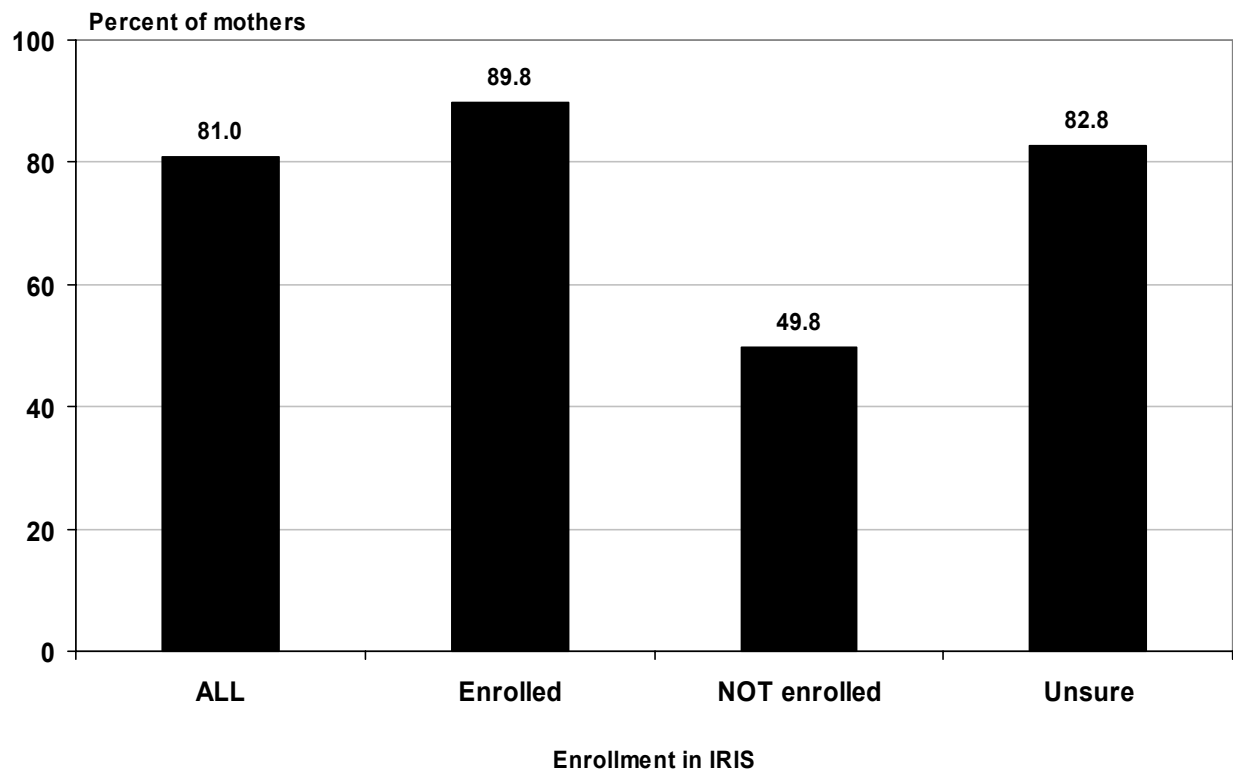
Idaho's Immunization Reminder Information System (IRIS) is a statewide computer-based system that keeps track of immunization records. Two-thirds (68.7 percent) of Idaho resident adult mothers reported that their baby was enrolled in IRIS.

Idaho PRATS

Prevalence of Up-to-Date Immunizations

By Enrollment in Idaho's Immunization Reminder System (IRIS)

2001



Summary

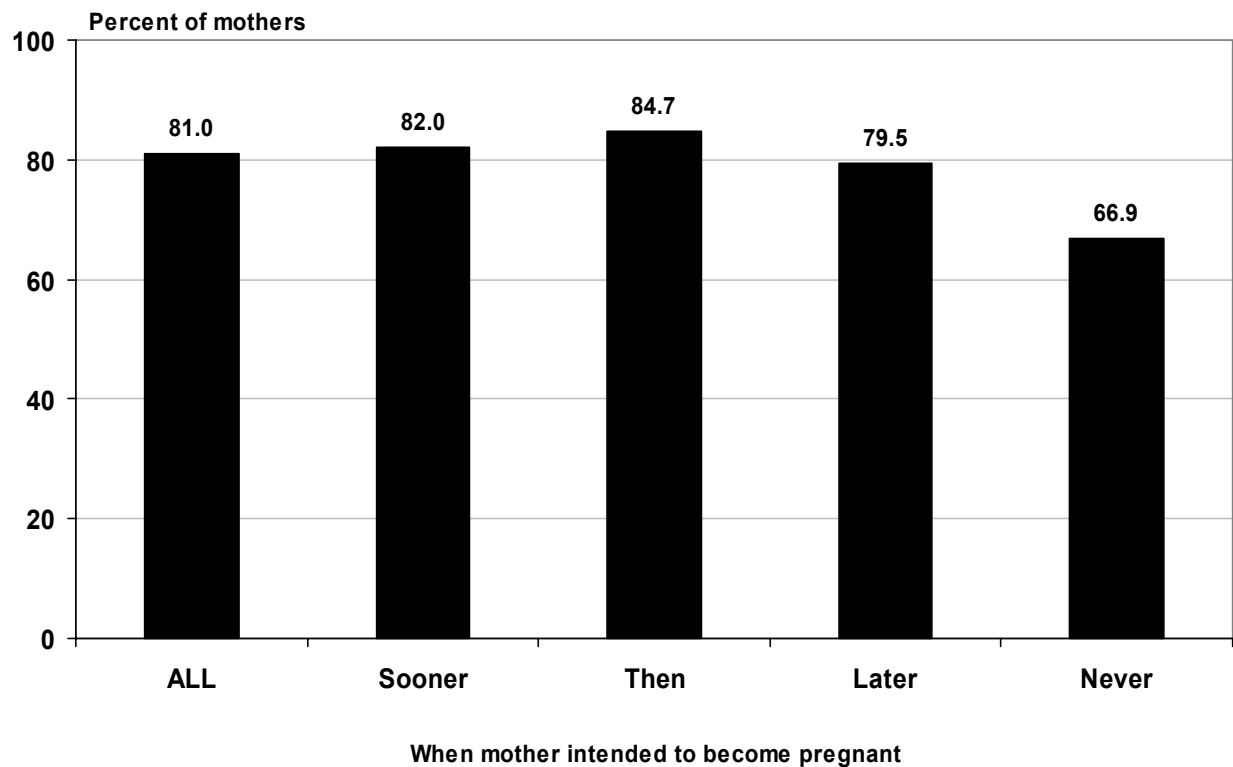
Nearly 9 of 10 PRATS respondents whose babies were enrolled in Idaho's Immunization Reminder Information System (IRIS) (89.8 percent) reported that their baby's immunizations were up-to-date. Respondents whose babies were enrolled in IRIS were 1.8 times more likely to report that their baby's immunizations were up-to-date than mothers whose babies were not enrolled. More than 8 of 10 respondents who were unsure if their baby was enrolled in IRIS (82.8 percent) reported that their baby's immunizations were up-to-date. The difference between these groups was statistically significant ($p=.05$).

Idaho PRATS

Prevalence of Up-to-Date Immunizations

By Intendedness of Pregnancy

2001

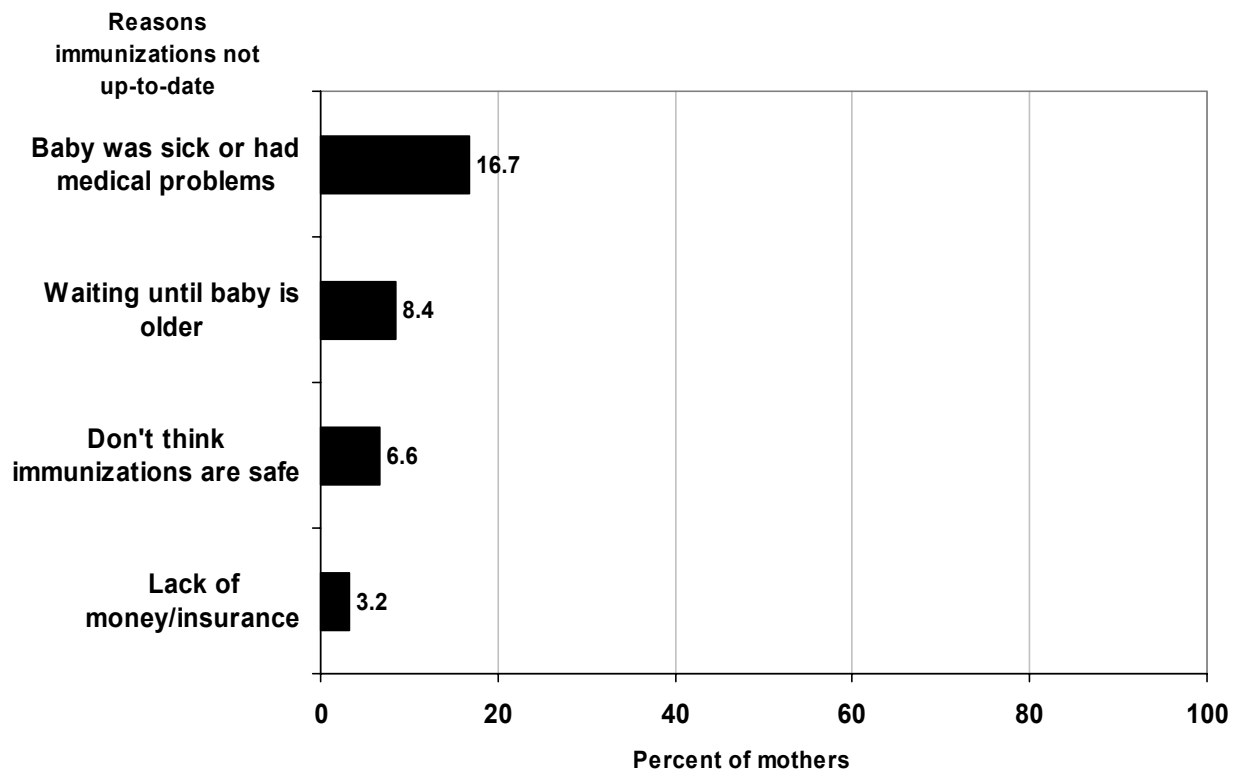


Summary

PRATS respondents were asked whether their baby's immunizations (shots) were up-to-date according to the immunization schedule. Overall, 81.0 percent of Idaho resident adult mothers reported that their baby's immunizations were up-to-date. Mothers who reported that they had never wanted to be pregnant were the least likely to have their baby's immunizations up-to-date (66.9 percent). The difference was statistically significant ($p=.05$).

Idaho PRATS

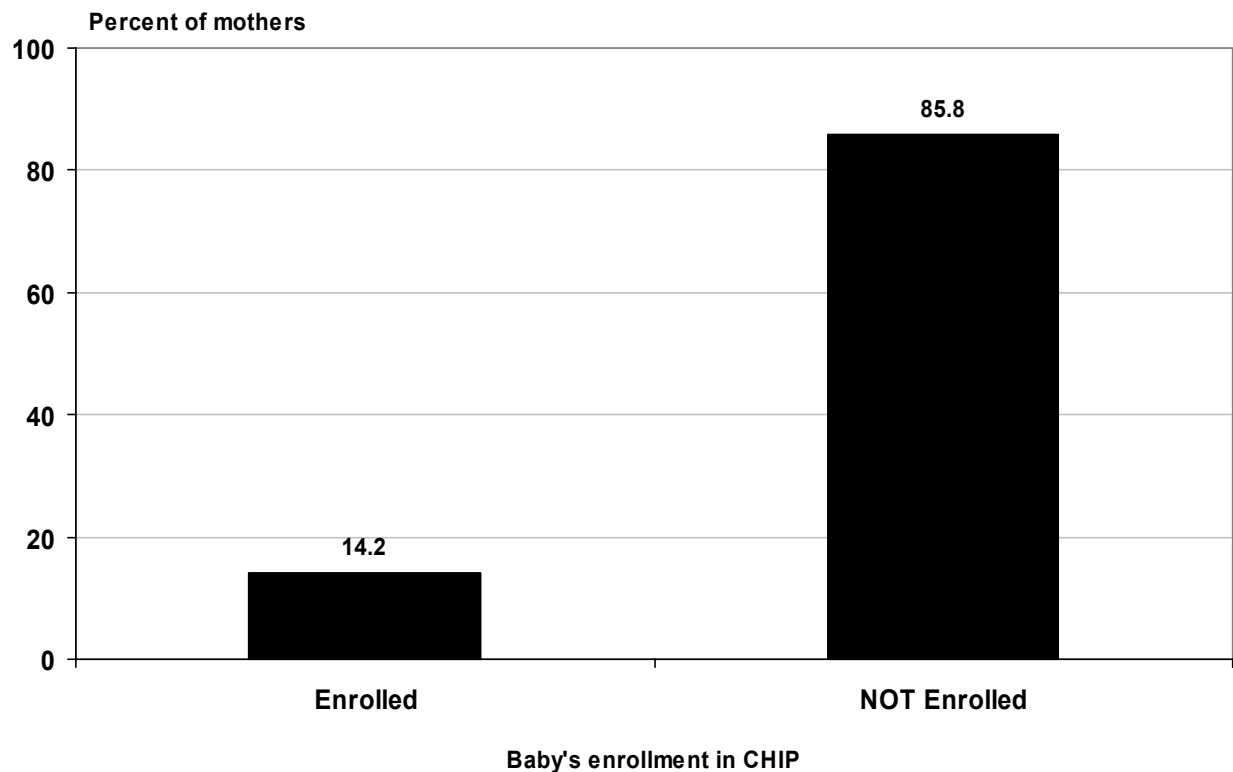
Selected Reasons for Not Having Immunizations Up-to-Date 2001



Summary

PRATS respondents were asked why their baby's immunizations (shots) were not up-to-date according to the immunization schedule. The most common reason was that their baby was sick or had medical problems (16.7 percent). Other common reasons were wanting to wait until the baby was older (8.4 percent), the belief that immunizations are not safe (6.6 percent), and the lack of money or insurance to pay for immunizations (3.2 percent).

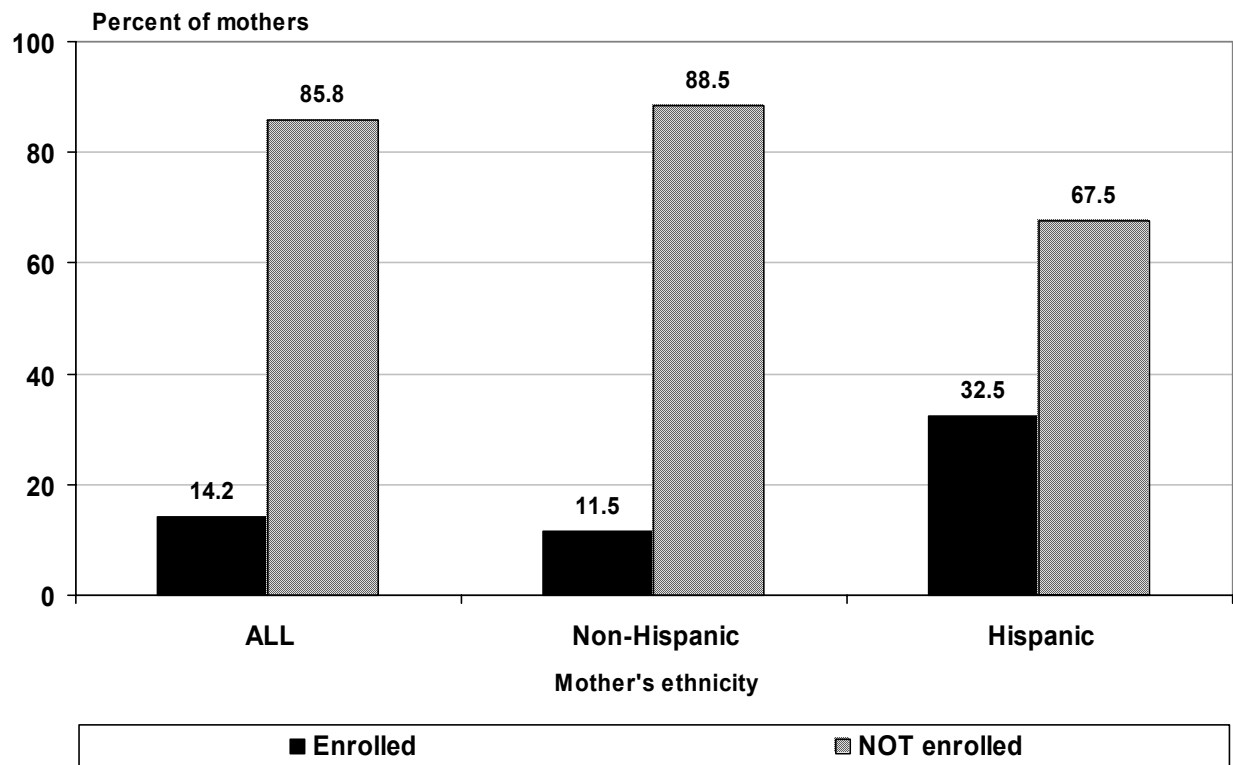
Idaho PRATS Enrollment in Idaho's Children's Health Insurance Program (CHIP) 2001



Summary

Idaho's Children's Health Insurance Program (CHIP) provides health care coverage for Medicaid eligible children. These are children of families with incomes between 133% and 150% of poverty guidelines. One of seven PRATS respondents (14.2 percent) had enrolled their baby in CHIP. Almost 1 of 5 mothers who did not enroll in the program did not do so because they believed their baby was not eligible (18.4 percent).

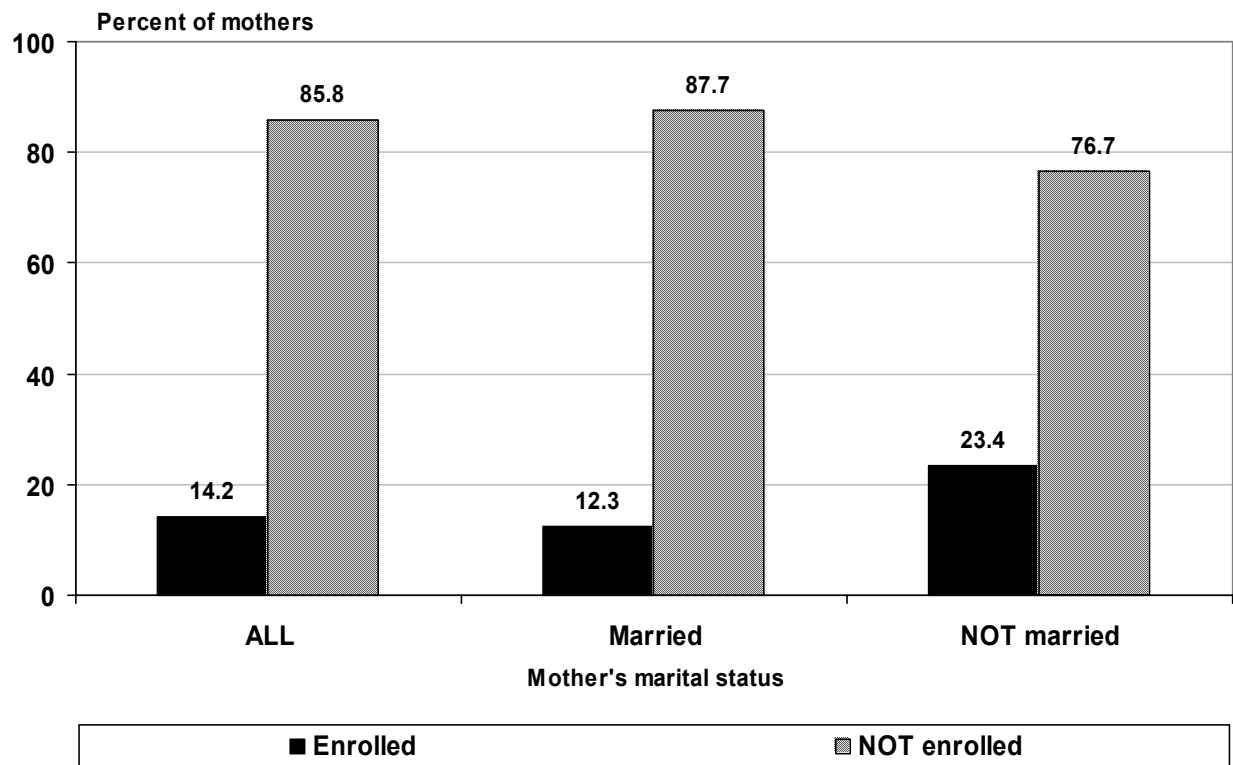
Idaho PRATS Enrollment in Idaho's Children's Health Insurance Program (CHIP) By Mother's Ethnicity 2001



Summary

Enrollment in Idaho's Children's Health Insurance Program (CHIP) varied by mother's ethnicity. Hispanic mothers were 2.8 times more likely to enroll their child in CHIP than non-Hispanic mothers. The difference was statistically significant ($p=.05$).

**Idaho PRATS
Enrollment in Idaho's
Children's Health Insurance Program (CHIP)
By Mother's Marital Status
2001**

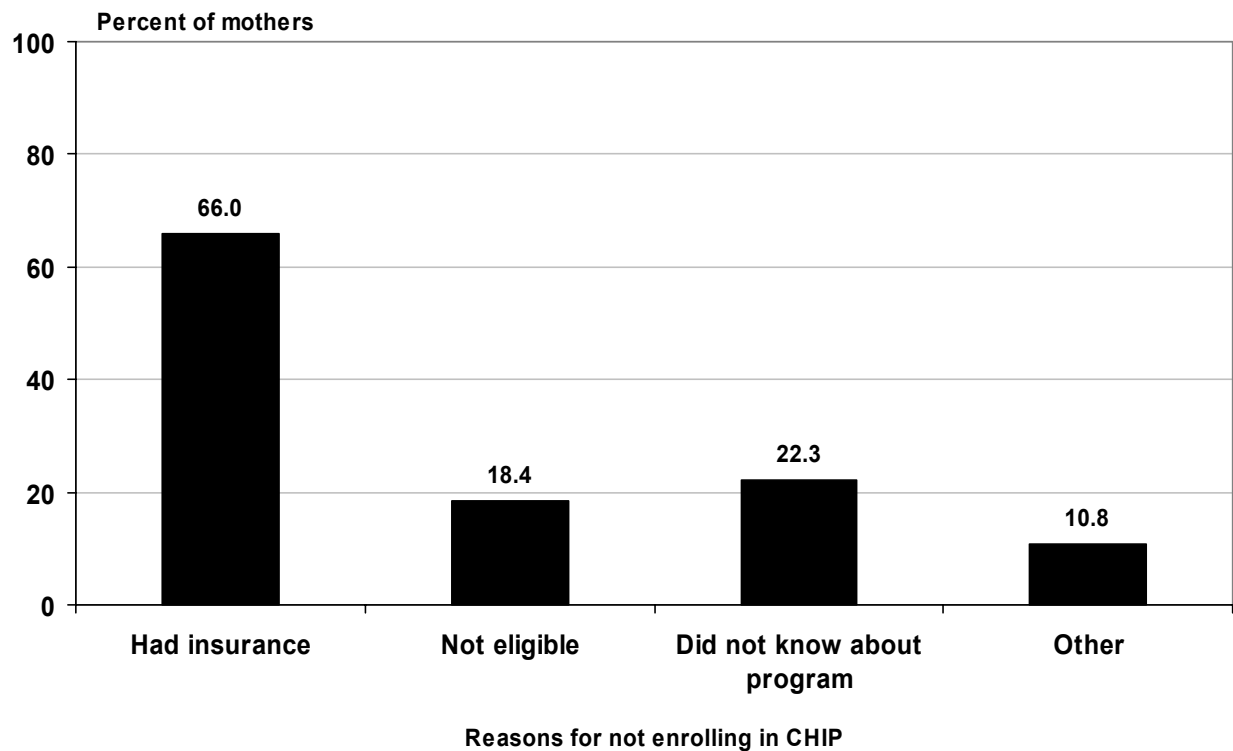


Summary

Enrollment in Idaho's Children's Health Insurance Program (CHIP) varied by mother's marital status. Mothers who were not married were 1.9 times more likely to enroll their child in CHIP than married mothers. The difference was statistically significant ($p=.05$).

Idaho PRATS

Reasons for Not Enrolling in Idaho's Children's Health Insurance Program (CHIP) 2001



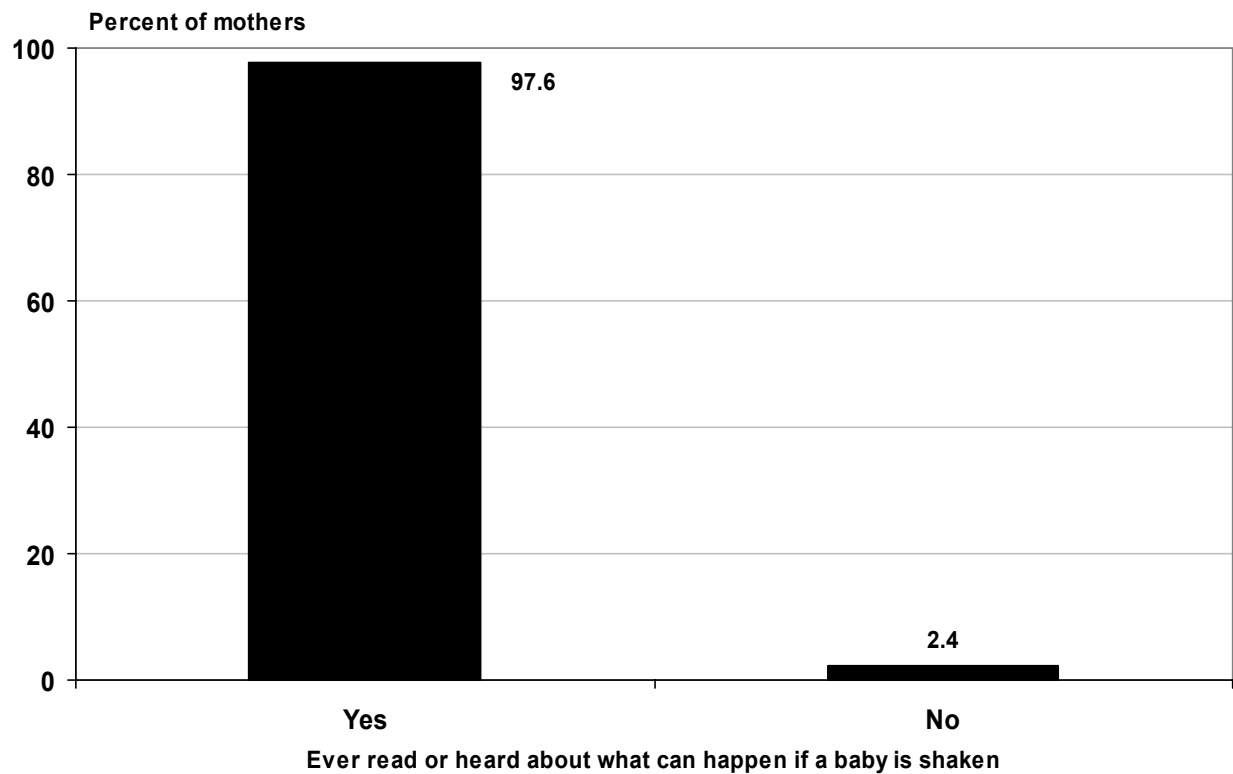
Summary

The most common reason among Idaho resident adult mother's for not enrolling their baby in CHIP was already having insurance for their baby (66.0 percent). Other reasons including believing that their baby was not eligible for the program (18.4 percent) and not knowing about the program (22.3 percent).

Idaho PRATS

Knowledge of Consequences of Shaking a Baby

2001

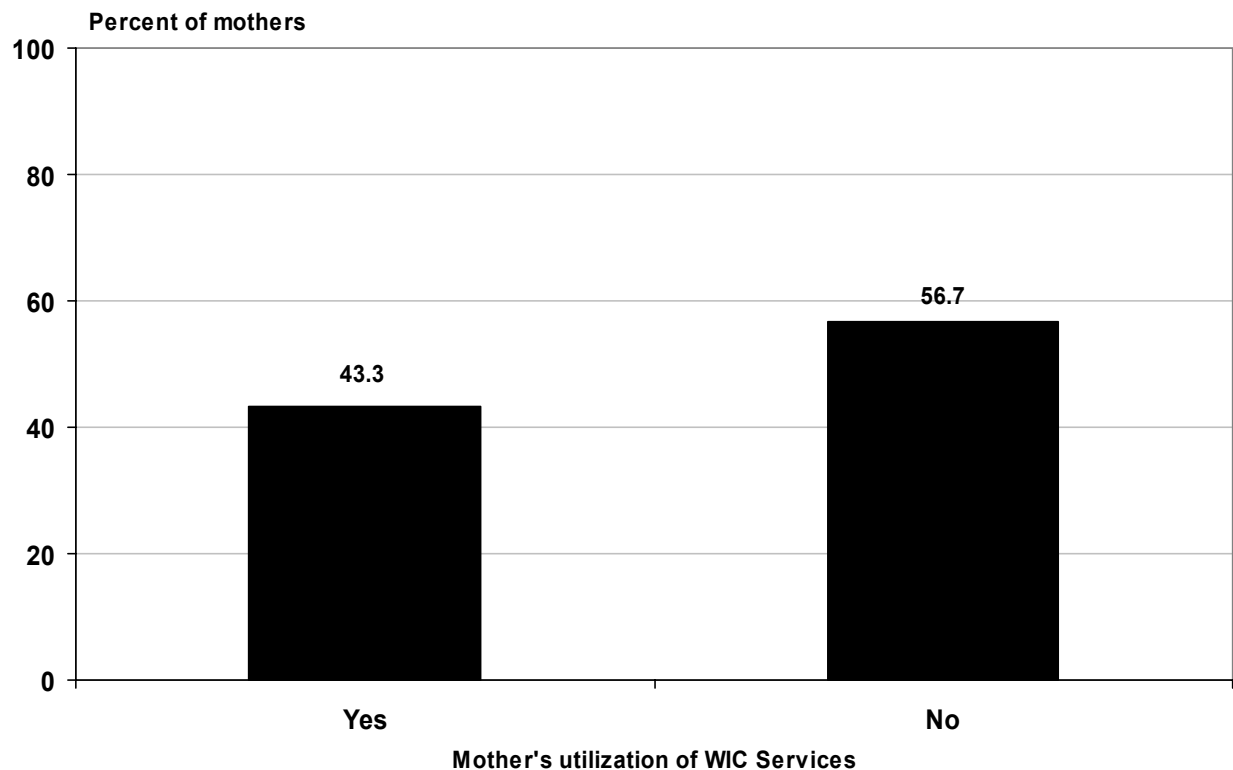


Summary

Vigorous shaking of an infant can lead to shaken baby syndrome resulting in brain damage that could lead to mental retardation, speech and learning disabilities, paralysis, seizures, hearing loss and even death (Palmer 1998). Only 2.4 percent of Idaho resident adult mothers had not read or heard about what can happen if a baby is shaken.

Idaho PRATS

Participation in the WIC Program After Delivery 2001

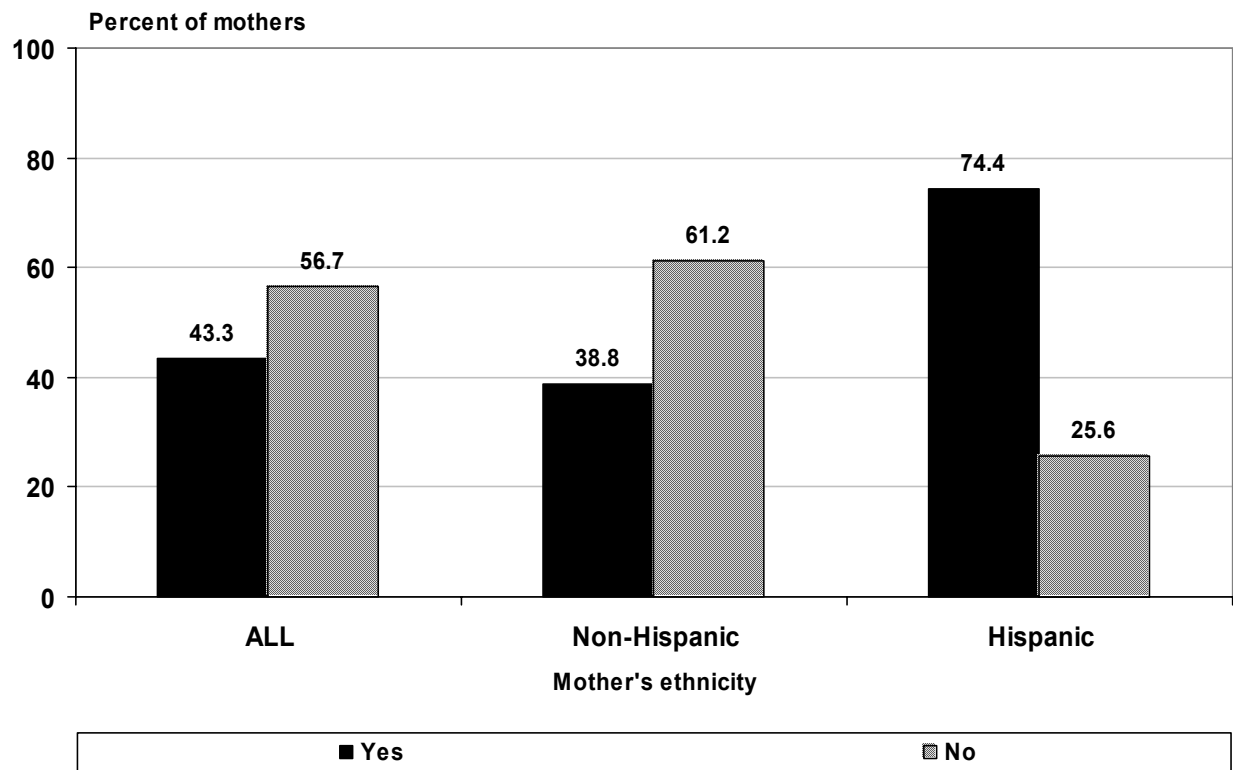


Summary

WIC (Idaho Special Supplemental Nutrition Program for Women, Infants, and Children) is a preventive health and nutrition program for pregnant and breastfeeding women, infants, and children under the age of five providing short-term assistance to families through nutrition and breastfeeding counseling and education, along with access to medical care and other health and social referrals. Just under half (43.3 percent) of Idaho resident adult mothers have used WIC services.

Idaho PRATS

Participation in the WIC Program After Delivery By Mother's Ethnicity 2001

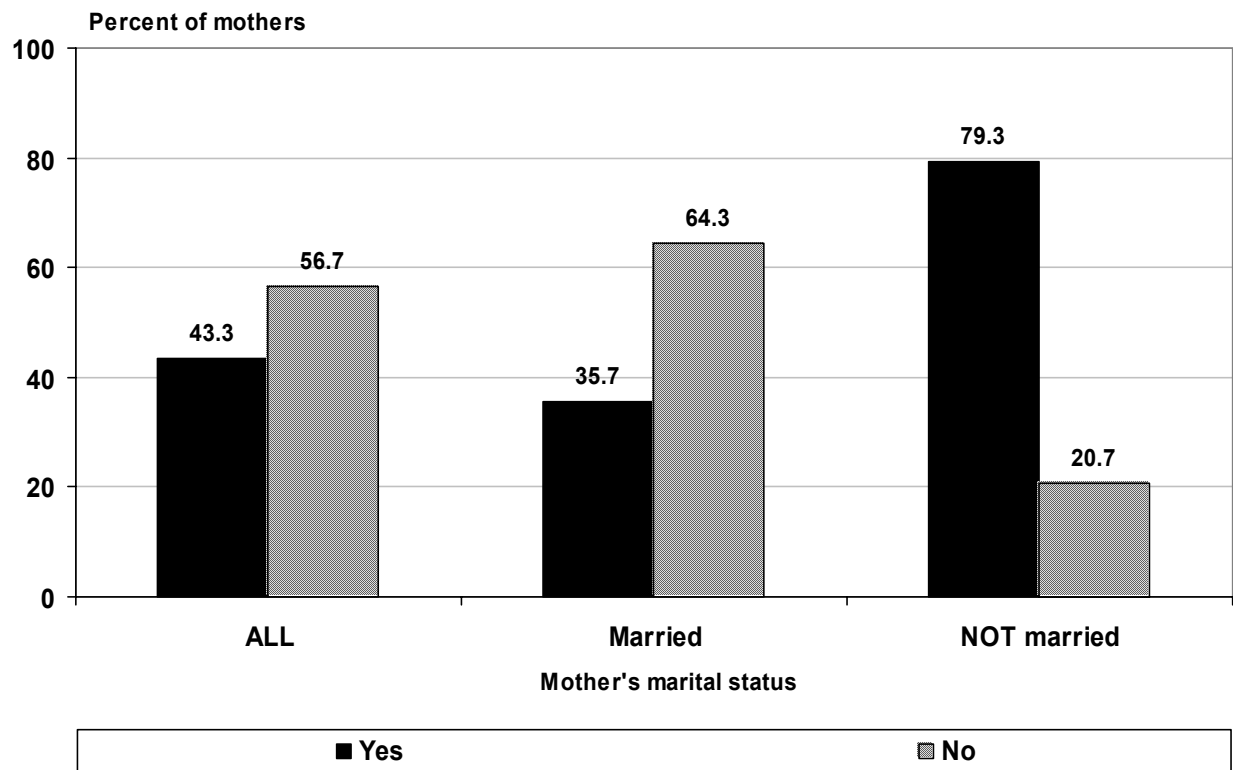


Summary

Utilization of Idaho Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) varied among Idaho resident adult mothers by mother's ethnicity. Hispanic mothers were 1.9 times more likely to have used WIC services after delivery than non-Hispanic mothers. The difference was statistically significant ($p=.05$).

Idaho PRATS

Participation in the WIC Program After Delivery By Mother's Marital Status 2001



Summary

Utilization of WIC (Idaho Special Supplemental Nutrition Program for Women, Infants, and Children) after delivery varied among Idaho resident adult mothers by mother's marital status. Mothers who were not married were 2.2 times more likely to use WIC services than married mothers. The difference was statistically significant ($p=.05$).

DEFINITION OF TERMS

Definition of Terms

AGE OF MOTHER:

Age of mother at time of delivery. It is a calculated field based on mother's date of birth and birth date of infant.

BIRTH WEIGHT:

Very low birth weight live birth: live birth weight of less than 1,500 grams (3 pounds 4 ounces or less).

Low birth weight live birth: live birth weight of less than 2,500 grams (5 pounds 8 ounces or less).

Normal birth weight live birth: live birth weight of 2,500 grams or more (5 pounds 9 ounces or more).

Low birth weight rate: number of low birth weight live births per 100 live births.

BODY MASS INDEX (BMI):

BMI is defined as weight in kilograms divided by the square of height in meters. Underweight is defined as a BMI less than 18.5; normal weight is defined as a BMI of 18.5 to 24.9; overweight is defined as a BMI of 25.0 or higher; obese is defined as a BMI of 29.0 or higher.

EDUCATIONAL ATTAINMENT FOR AGE OF MOTHER:

Low educational attainment for age: two or more years below expected grade level for females aged 17 years or younger; less than 12 years of education for females aged 18 years or older.

Average educational attainment for age: within one year of expected grade level for females aged 17 years or younger; 12 years of education for females aged 18 years or older.

High educational attainment for age: two or more years above expected grade level or females aged 17 years or younger; 13 or more years of education for females aged 18 years or older.

MOTHER'S AGE	EXPECTED EDUCATION LEVEL	MOTHER'S AGE	EXPECTED EDUCATION LEVEL
10	4	15	9
11	5	16	10
12	6	17	11
13	7	18+	12
14	8		

ETHNICITY OF MOTHER:

Mother's ethnicity is based on the "mother of Hispanic origin" question on the birth certificate.

MARITAL STATUS OF MOTHER:

Marital status indicates whether the mother was married (at the time of conception, at the time of delivery, or at any time between conception and delivery). The marital status field must be completed on the Idaho Certificate of Live Birth.

Source: Bureau of Health Policy and Vital Statistics, Division of Health, Idaho Department of Health and Welfare, 2005.

QUESTIONNAIRE AND RESULTS

Questionnaire and Results

First, please tell us...

1. What is today's date?

____/____/____
Month Day Year

2. Is your baby living with you now?

☐ No (.7%)
☐ Yes (99.3%)

Next, we would like to ask a few questions about you and the time before you became pregnant with your new baby. Please check the box next to your answer.

3. **Just before** you got pregnant, did you have health insurance? (Don't count Medicaid)

☐ No (36.4%)
☐ Yes (63.6%)

4. **Just before** you got pregnant, were you on Medicaid?

☐ No (95.3%)
☐ Yes (4.7%)

5. In the month before you got pregnant with your new baby, how many times a week did you take a multiple vitamin (a pill that contains many different vitamins and minerals)?

Check one answer

☐ I didn't take a multiple vitamin at all (52.7%)
☐ 1 to 3 times a week (11.3%)
☐ 4 to 6 times a week (8.0%)
☐ Every day of the week (28.1%)

6. Have you ever heard or read that taking the vitamin folic acid can help prevent some birth defects?

☐ No (10.3%)
☐ Yes (89.7%)

7. **Just before** you got pregnant, how much did you weigh?

____ Pounds

Mean (149.2)
Median (139.9)
Mode (130)
Minimum (83)
Maximum (350)

8. How tall are you without shoes?

____ Feet ____ Inches

Mean (5'4")
Median (5'4")
Mode (5'3")
Minimum (4'0")
Maximum (6'6")

9. Thinking back to **just before** you got pregnant, how did you feel about becoming pregnant?

Check one answer

☐ I wanted to be pregnant sooner (17.7%)
☐ I wanted to be pregnant later (29.8%)
☐ I wanted to be pregnant then (44.7%)
☐ I didn't want to be pregnant then or at any time in the future (7.7%)

10. When you got pregnant with your new baby, were you trying to become pregnant?

☐ No **Go to Question 11** (47.4%)
☐ Yes **Go to Question 13** (52.6%)

11. **—only asked of mothers who were not trying to get pregnant**

When you got pregnant with your new baby, were you or your husband or partner using any kind of birth control? (Birth control means the pill, condoms, diaphragm, foam, rhythm, Norplant®, shots [DepoProvera®], or other methods such as not having sex at certain times [rhythm], having your tubes tied, or your partner having a vasectomy.)

☐ No **Go to Question 12** (54.9%)
☐ Yes **Go to Question 13** (45.1%)

12. **—only asked of mothers who were not trying to get pregnant and not using birth control**

Why were you or your husband or partner not using any birth control?

Check all that apply

☐ I didn't mind if I got pregnant (41.5%)
☐ I didn't think I could get pregnant (22.4%)
☐ I had been having side effects from the birth control I used (17.2%)
☐ I didn't want to use birth control (17.0%)
☐ My husband or partner didn't want to use birth control (9.0%)
☐ I didn't think I was going to have sex (8.1%)
☐ Other → Please tell us: (20.2%)

The next questions are about the prenatal care you received during your most recent pregnancy. Prenatal care includes visits to a doctor, nurse, or other health care provider before your baby was born to get checkups and advice about pregnancy.

13. How many weeks or months pregnant were you when you were **sure** you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant.)

____ Weeks OR ____ Months

Mean (5.8 weeks)
Median (4.4 weeks)
Mode (6 weeks)
Minimum (1 week)
Maximum (36 weeks)

14. How many weeks or months pregnant were you when you had your first visit for prenatal care? (Don't count a visit that was **only for a pregnancy test or only for WIC.**)

____ Weeks OR ____ Months **Go to Question 17**

Mean (11.0 weeks)
Median (10.8 weeks)
Mode (12 weeks)
Minimum (0 weeks)
Maximum (29 weeks)

I didn't go for prenatal care **Go to Question 15** (0.6%)

15. **—only asked of mothers who did not go for prenatal care**

Did you want to get prenatal care?

☐ No **Go to Question 23**
☐ Yes **Go to Question 16**

number of respondents too small for valid statistics

16. **—only asked of persons who did not go for prenatal care but wanted it**

Did any of these things keep you from getting prenatal care?

Check all that apply

☐ I couldn't get an appointment
☐ I didn't have enough money or insurance to pay for my visits
☐ My husband or partner didn't want me to get prenatal care
☐ I didn't know that I was pregnant
☐ I had no way to get to the clinic or doctor's office
☐ I couldn't find a doctor or other health care provider who would take me as a patient
☐ I had no one to take care of my children
☐ I couldn't get the time off from my job
☐ I had too many other things going on
☐ Other → Please tell us:

number of respondents too small for valid statistics

If you **did not** receive prenatal care – **Go to Question 23**

If you **did** receive prenatal care – **Go to Question 17**

17. **—only asked of mothers who received prenatal care**

Did you get prenatal care as early in your pregnancy as you wanted?

☐ No **Go to Question 18** (19.2%)
☐ Yes **Go to Question 19** (80.8%)

18. **—only asked of mothers who received prenatal care but not as early as wanted**

Questionnaire and Results

Which of these things kept you from getting prenatal care as early as you wanted?

Check all that apply

- ☐ I didn't have my Medicaid card (17.0%)
- ☐ I couldn't get an appointment earlier in my pregnancy (28.3%)
- ☐ I didn't have enough money or insurance to pay for my visits (28.1%)
- ☐ I didn't know that I was pregnant (30.2%)
- ☐ I had no way to get to the clinic or doctor's office (5.2%)
- ☐ The doctor would not start care earlier (12.3%)
- ☐ I had a hard time finding a doctor or health care provider who would take me as a patient (4.1%)
- ☐ I had too many other things going on (7.5%)
- ☐ Other → Please tell us: (16.5%)

19. **—only asked of mothers who received prenatal care**

Did any of these things keep you from attending your scheduled prenatal care visits?

Check all that apply

- ☐ I didn't have enough money or insurance to pay for my visits (3.1%)
- ☐ My provider wouldn't take me until I had enough money to pay for the visits (0.4%)
- ☐ I had no way to get to the clinic or doctor's office (1.7%)
- ☐ The distance to my doctor's office or clinic was too far (1.6%)
- ☐ I couldn't get an appointment at the time that would work with my schedule (2.1%)
- ☐ I had no one to take care of my children (1.9%)
- ☐ I had too many other things going on (1.2%)
- ☐ I couldn't get time off from my job (1.1%)
- ☐ Nothing kept me from attending my scheduled prenatal care visits (79.5%)
- ☐ Other → Please tell us: (3.7%)

20. **—only asked of mothers who received prenatal care**

Where did you go most of the time for your prenatal visits? (**Don't include visits for WIC.**)

Check one answer

- ☐ Hospital clinic (15.2%)
- ☐ Private doctor's office (78.1%)
- ☐ Community/Migrant Health Center (1.8%)
- ☐ Indian Health Center (0.8%)
- ☐ Other → Please tell us: (4.2%)

21. **—only asked of mothers who received prenatal care**

During any of your prenatal care visits, did a doctor, nurse, or other health care provider talk to you or give you information about any of the issues listed below?

For each item, please **circle Y (Yes)** if someone talked with you or gave information to you about it, or **N (No)** if no one talked with you or gave information to you about it.

- a) What you should eat during your pregnancy (82.8%)
- b) How much weight you should gain during pregnancy (84.2%)
- c) The importance of taking vitamin supplements during your pregnancy (92.8%)
- d) The importance of getting regular dental care during your pregnancy (34.2%)
- e) Which kinds of medicine are safe to take during your pregnancy (87.4%)
- f) How drinking alcohol during pregnancy could affect your baby (84.2%)
- g) How smoking during pregnancy could affect your baby (85.0%)
- h) How using illegal drugs could affect your baby (82.6%)
- i) Doing tests to screen for birth defects or diseases that run in your family (83.5%)
- j) Getting your blood tested for HIV (the virus that causes AIDS) (78.9%)
- k) Getting tested for group B Strep infection (88.3%)
- l) Physical abuse to women by their husband or partner (37.1%)
- m) What to do if your labor starts early (82.5%)
- n) The benefits of breastfeeding your baby (88.7%)

22. **—only asked of mother who received prenatal care**

How was your prenatal care paid for?

Check all that apply

- ☐ Medicaid (34.3%)
- ☐ Personal income (cash, check, or credit card) (48.0%)
- ☐ Health insurance or HMO (58.8%)
- ☐ The military (1.4%)

- ☐ The Indian Health Service (1.0%)
- ☐ Other → Please tell us: (2.4%)

The next questions are about your most recent pregnancy and things that may have happened during your pregnancy.

23. Did you try to get Medicaid coverage during this pregnancy?

- ☐ No **Go to Question 25** (60.6%)
- ☐ Yes **Go to Question 24** (39.4%)

24. **—only asked of mothers who tried to get Medicaid coverage during pregnancy**

Which of these things happened during your pregnancy?

Check all that apply

- ☐ I had a hard time getting help from the Medicaid staff (8.1%)
- ☐ I was told I was not eligible for Medicaid services (16.2%)
- ☐ I did not understand how to use my Medicaid card or what was covered (7.0%)
- ☐ I did not get all of the Medicaid services that I needed (9.1%)
- ☐ I had a problem finding a doctor who would accept me as a Medicaid patient (2.9%)
- ☐ I was assigned to a doctor that I did not choose (2.5%)
- ☐ I did not have any problems with Medicaid (62.4%)

25. At any time during your pregnancy, did you have a blood test for HIV (the virus that causes AIDS)?

- ☐ No (35.0%)
- ☐ Yes (49.0%)
- ☐ I don't know (16.1%)

26. During your most recent pregnancy, were you told by a doctor, nurse, or other health care worker that you had any of the following infections? For each item, please **circle Y (Yes)** if someone told you that you had the infection, or **N (No)** if no one told you that you had the infection.

- a) Bacterial Vaginosis (BV) (3.1%)
- b) Chlamydia (1.3%)
- c) Gonorrhea (0.5%)
- d) Group B Strep (14.4%)

27. **During your pregnancy**, did you participate in the WIC Program (the Supplemental Nutrition Program for Women, Infants, and Children)?

- ☐ No (66.3%)
- ☐ Yes (33.7%)

28. Did you take vitamin supplements during your pregnancy?

- ☐ No (7.3%)
- ☐ Yes (92.7%)

The next questions are about the care of your teeth and gums during your most recent pregnancy.

29. During your most recent pregnancy, did you go to a dentist or dental clinic for routine care such as teeth cleaning or regular check-up?

- ☐ No **Go to Question 30** (62.5%)
- ☐ Yes **Go to Question 31** (37.6%)

30. **—only asked of mothers who did not go to a dentist during pregnancy**

Why did you not go to a dentist or dental clinic for routine care during your most recent pregnancy?

Check all that apply

- ☐ It had been less than 1 year since my last dental visit (14.2%)
- ☐ I did not have enough money or insurance to pay for the visit (50.1%)
- ☐ I did not feel that I needed to go to a dentist (23.2%)
- ☐ I had too many other things going on (16.0%)
- ☐ Other → Please tell us: (15.3%)

The next questions are about smoking cigarettes and drinking alcohol.

Questionnaire and Results

31. Have you smoked at least 100 cigarettes (5 packs) in your entire life? (A pack has 20 cigarettes.)
☐ No **Go to Question 35** (67.3%)
☐ Yes **Go to Question 32** (32.7%)
32. **—only asked of mothers who had smoked at least 100 cigarettes in their entire life**
 In the **3 months before** you got pregnant, how many cigarettes or packs of cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)
 _____ Cigarettes OR _____ Packs
 Mean (16.4 cigarettes)
 Median (9.9 cigarettes)
 Mode (20 cigarettes)
 Minimum (1 cigarette)
 Maximum (240 cigarettes)
☐ Less than 1 cigarette a day (4.9%)
☐ I don't smoke (36.7%)
☐ I don't know (7.0%)
33. **—only asked of mother who had smoked at least 100 cigarettes in their entire life**
 In the **last 3 months** of your pregnancy, how many cigarettes or packs of cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)
 _____ Cigarettes OR _____ Packs
 Mean (8.6 cigarettes)
 Median (7.4 cigarettes)
 Mode (10 cigarettes)
 Minimum (1 cigarette)
 Maximum (20 cigarettes)
☐ Less than 1 cigarette a day (2.7%)
☐ I don't smoke (72.9%)
☐ I don't know (2.4%)
34. **—only asked of mother who had smoked at least 100 cigarettes in their entire life**
 How many cigarettes or packs of cigarettes do you smoke on an average day **now**? (A pack has 20 cigarettes.)
 _____ Cigarettes OR _____ Packs
 Mean (12.3 cigarettes)
 Median (9.7 cigarettes)
 Mode (20 cigarettes)
 Minimum (1 cigarette)
 Maximum (40 cigarettes)
☐ Less than 1 cigarette a day (4.9%)
☐ I don't smoke (51.5%)
☐ I don't know (2.9%)
35. Have you had any alcoholic drinks in the past 2 years? (A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.)
☐ No **Go to Question 38** (47.0%)
☐ Yes **Go to Question 36** (53.0%)
36. **—only asked of mothers who had an alcoholic drink in the past 2 years**
 During the **3 months before** you got pregnant, how many alcoholic drinks did you have in an average week?
☐ I didn't drink then (27.5%)
☐ Less than 1 drink a week (43.8%)
☐ 1 to 3 drinks a week (17.6%)
☐ 4 to 6 drinks a week (7.2%)
☐ 7 to 13 drinks a week (1.8%)
☐ 14 or more drinks a week (2.2%)
☐ I don't know (0.0%)
37. **—only asked of mother who had an alcoholic drink in the past 2 years**
 During the **last 3 months** of your pregnancy, how many alcoholic drinks did you have in an average week?
☐ I didn't drink then (92.5%)
☐ Less than 1 drink a week (6.7%)
☐ 1 to 3 drinks a week (0.4%)
☐ 4 to 6 drinks a week (0.0%)
☐ 7 to 13 drinks a week (0.0%)
☐ 14 or more drinks a week (0.0%)
☐ I don't know (0.4%)

Pregnancy can be a difficult time for some women. These next questions are about things that may have happened before and during your most recent pregnancy.

38. During the **12 months before you got pregnant**, did anyone push, hit, slap, kick, choke, or physically hurt you in any other way?
☐ No **Go to Question 40** (93.5%)
☐ Yes **Go to Question 39** (6.5%)
39. **—only asked of mothers who were hurt during the 12 months before pregnancy**
 Who physically hurt you? Indicate relationship at time of incident(s).
Check all that apply
☐ Husband or partner (53.9%)
☐ Ex-husband or ex-partner (18.0%)
☐ Other relative (10.6%)
☐ Someone else (21.8%)
40. **During your most recent pregnancy**, did anyone push, hit, slap, kick, choke, or physically hurt you in any other way?
☐ No **Go to Question 42** (95.8%)
☐ Yes **Go to Question 41** (4.2%)
41. **—only asked of mothers who were hurt during pregnancy**
 Who physically hurt you? Indicate relationship at time of incident(s).
Check all that apply
☐ Husband or partner (56.6%)
☐ Ex-husband or ex-partner (13.6%)
☐ Other relative (10.7%)
☐ Someone else (18.9%)

The next questions are about your labor and delivery.

42. Just before delivery of your new baby, how much did you weigh?
 _____ Pounds
 Mean (180.5)
 Median (174.3)
 Mode (170)
 Minimum (65)
 Maximum (352)
43. After the birth of your baby, how long did **you** stay in the hospital or birthing center?
☐ Less than 24 hours (Less than 1 day) (16.4%)
☐ 24-48 hours (1-2 days) (58.8%)
☐ 3 days (15.3%)
☐ 4 days (6.2%)
☐ 5 days (1.5%)
☐ 6 days or more (0.7%)
☐ I didn't have my baby in a hospital/birthing center (1.1%)
44. After your baby was born, how long did **your baby** stay in the hospital or birthing center?
☐ Less than 24 hours (Less than 1 day) (16.4%)
☐ 24-48 hours (1-2 days) (55.6%)
☐ 3 days (14.0%)
☐ 4 days (5.2%)
☐ 5 days (2.2%)
☐ 6 days or more (5.5%)
☐ My baby wasn't born in a hospital/birthing center (1.1%)
☐ My baby is still in the hospital (0.0%)
45. After your baby was born, was his/her hearing tested?
☐ No **Go to Question 49** (14.3%)
☐ Yes **Go to Question 46** (74.5%)
☐ I don't know **Go to Question 49** (11.3%)
46. **—only asked of mothers whose baby had a hearing test**
 When was your baby's hearing **first** tested?
☐ Before leaving the hospital or birthing center (91.9%)
☐ After leaving the hospital or birthing center (7.7%)
☐ My baby was not born at a hospital or birthing center, but was tested (0.4%)
47. **—only asked of mothers whose baby had a hearing test**

Questionnaire and Results

What was the result of the first hearing test?

- ☐ My baby needed further hearing tests **Go to Question 48** (20.2%)
- ☐ My baby passed the test **Go to Question 49** (78.0%)
- ☐ I don't know **Go to Question 49** (1.8%)

48. **—only asked of mothers whose baby needed further hearing tests**

Did your new baby get any further hearing tests?

- ☐ No (5.6%)
- ☐ Yes, and my baby has a hearing loss (1.7%)
- ☐ Yes, and my baby passed the hearing test (88.8%)
- ☐ Yes, and the test was inconclusive (3.8%)

49. How was your delivery paid for?

Check all that apply

- ☐ Medicaid (38.8%)
- ☐ Personal income (cash, check, or credit card) (42.7%)
- ☐ Health insurance or HMO (58.3%)
- ☐ The military (1.5%)
- ☐ The Indian Health Service (0.9%)
- ☐ Other → Please tell us: (2.8%)

The next questions are about the time since your new baby was born.

50. Did you bring your new baby home in a car seat?

- ☐ No (0.6%)
- ☐ Yes (99.4%)

51. During the 6 weeks after your new baby was born, did a doctor, nurse, or other health care worker talk to you or give you information about using birth control?

- ☐ No (15.2%)
- ☐ Yes (84.8%)

52. Did you ever breastfeed or pump breast milk to feed your new baby?

- ☐ No **Go to Question 56** (10.8%)
- ☐ Yes **Go to Question 53** (89.2%)

53. **—only asked of mothers who breastfed**

Are you still breastfeeding or feeding pumped milk to your new baby?

- ☐ No **Go to Question 54** (53.3%)
- ☐ Yes **Go to Question 56** (46.8%)

54. **—only asked of mothers who breastfed**

How many weeks or months did you breastfeed or pump milk to feed your new baby?

_____ Weeks OR _____ Months

- Mean (11.0 weeks)
- Median (7.9 weeks)
- Mode (12 weeks)
- Minimum (1 week)
- Maximum (48 weeks)
- ☐ Less than 1 week (5.7%)

55. **—only asked of mothers who breastfed**

Why did you stop breastfeeding?

Check all that apply

- ☐ My baby became sick and could not breastfeed (4.2%)
- ☐ My baby had difficulty nursing (18.7%)
- ☐ Breast milk alone did not satisfy my baby (29.1%)
- ☐ I thought my baby was not gaining enough weight (6.5%)
- ☐ I had nipple or breast problems (13.3%)
- ☐ I became sick and could not breastfeed (5.6%)
- ☐ I felt it was the right time to stop (15.4%)
- ☐ I didn't have enough milk (32.5%)
- ☐ I went back to work or school (26.7%)
- ☐ I wanted or needed someone else to feed my baby (10.1%)
- ☐ Inconvenient to continue (13.0%)
- ☐ Other → Please tell us: (20.7%)

56. How many weeks or months old was your new baby when you started giving the following on a regular basis?

a) **Formula**

_____ Weeks OR _____ Months

Mean (10.6 weeks)

Median (7.8 weeks)

Mode (12 weeks)

Minimum (1 week)

Maximum (48 weeks)

- ☐ My baby was less than 1 week old (17.3%)
- ☐ My baby has not had formula on a regular basis (30.1%)
- ☐ I don't know (0.6%)

b) **Mushy or solid food**

_____ Weeks OR _____ Months

Mean (18.2 weeks)

Median (15.9 weeks)

Mode (16 weeks)

Minimum (1 week)

Maximum (36 weeks)

- ☐ My baby was less than 1 week old (0.0%)
- ☐ My baby has not had mushy or solid food on a regular basis (17.3%)
- ☐ I don't know (0.3%)

c) **Cow's milk**

_____ Weeks OR _____ Months

Mean (33.3 weeks)

Median (31.1 weeks)

Mode (32 weeks)

Minimum (8 week)

Maximum (48 weeks)

- ☐ My baby was less than 1 week old (0.1%)
- ☐ My baby has not had cow's milk on a regular basis (94.1%)
- ☐ I don't know (0.6%)

57. During the **3 months after your delivery**, would you say that you were...

Check one answer

- ☐ Not depressed at all (39.1%)
- ☐ A little depressed (40.2%)
- ☐ Moderately depressed (14.8%)
- ☐ Very depressed (6.0%)

58. About how many hours a day, on average, is your new baby in the same room with someone who is smoking?

_____ Hours (2.4%)

Mean (7.4 hours)

Median (3.6 hours)

Mode (2 hours)

Minimum (1 hour)

Maximum (24 hours)

- ☐ Less than 1 hour a day (5.3%)
- ☐ My baby is never in the same room with someone who is smoking (92.3%)

59. Which of the following statements best describes the rules about smoking inside your house?

Check one answer

- ☐ No one is allowed to smoke anywhere inside my home (94.7%)
- ☐ Smoking is permitted anywhere inside my home (0.7%)
- ☐ Smoking is not allowed in my baby's room, but is permitted in other places in the house (4.6%)

60. How do you **most** often lay your baby down to sleep now?

Check one answer

- ☐ On his or her side (18.7%)
- ☐ On his or her back (68.1%)
- ☐ On his or her stomach (13.3%)

61. How often does your new baby sleep on something soft, like a fluffy blanket or comforter, soft pillow, featherbed, or sheepskin?

- ☐ Always (10.3%)
- ☐ Sometimes (23.0%)
- ☐ Never (66.8%)

62. About how many times has your baby been to a doctor or nurse for **routine well-baby check-ups**? Don't count the times you took your baby for care when he or she was sick or visits only for immunizations.

_____ Times **Go to Question 63**

Mean (3.5)

Questionnaire and Results

Median (2.8)

Mode (3)

Minimum (1)

Maximum (20)

☐ My baby hasn't been for routine well-baby care (6.6%)

→ Go to Question 64

63. **—only asked of mothers whose baby had well-baby check-ups**

When your baby goes for **routine well-baby check-ups**, where do you take him or her?

Check all the places that you use

- ☐ Hospital clinic (17.3%)
- ☐ Private doctor's office (70.5%)
- ☐ Community or Migrant Health Center (3.2%)
- ☐ Indian Health Center (0.9%)
- ☐ Military facility (0.7%)
- ☐ Other → Please tell us: (3.7%)

64. What, if anything, prevented your baby from having routine well-baby check-ups?

Check all that apply

- ☐ I didn't have enough money or insurance to pay for it (4.5%)
- ☐ I couldn't get an appointment (1.4%)
- ☐ I had no way to get the baby to the clinic or office (2.0%)
- ☐ I didn't have anyone to take care of my other children (1.6%)
- ☐ I didn't know where to go (0.6%)
- ☐ I didn't know about routine well-baby check-ups (3.0%)
- ☐ Nothing prevented my baby from having routine well-baby check-ups (79.0%)
- ☐ Other → Please tell us: (5.4%)

65. What, if anything, kept your baby from getting care as many times as you wanted when he or she was sick?

Check all that apply

- ☐ I didn't have enough money or insurance to pay for it (3.7%)
- ☐ I couldn't get an appointment (1.5%)
- ☐ I couldn't take off from work (1.1%)
- ☐ I had no way to get to the clinic or doctor's office (1.1%)
- ☐ I didn't have anyone to take care of other children (0.7%)
- ☐ My baby got care as many times as I wanted (62.5%)
- ☐ My baby has never been sick (21.7%)
- ☐ Other → Please tell us: (2.4%)

66. Is your new baby enrolled in the Immunization Reminder Information System (IRIS)?

- ☐ No (19.5%)
- ☐ Yes (68.7%)
- ☐ I don't know (11.7%)

67. Are your baby's immunizations (shots) up to date according to the immunization schedule?

- ☐ No **Go to Question 68** (18.8%)
- ☐ Yes **Go to Question 69** (81.0%)
- ☐ I don't know **Go to Question 68** (0.4%)

68. **—only asked of mothers whose baby's immunizations are not up to date**

If no, or don't know, why?

Check all that apply

- ☐ My baby was sick or had medical problems (16.7%)
- ☐ I wanted to wait until my baby was older (8.4%)
- ☐ I didn't have enough money or insurance (3.2%)
- ☐ I had no way to get the baby to the clinic or office (1.1%)
- ☐ The clinic was not open when it was convenient for me (5.1%)
- ☐ I don't know what is recommended by the schedule (1.5%)
- ☐ I had too many other things going on (2.8%)
- ☐ I don't think immunizations are safe (6.6%)
- ☐ Other → Please tell us: (12.5%)

69. Is your new baby in the Children's Health Insurance Program (CHIP)?

- ☐ No **Go to Question 70** (85.8%)
- ☐ Yes **Go to Question 71** (14.2%)

70. **—only asked of mothers whose baby is not enrolled in CHIP**

Why didn't you enroll your new baby in CHIP?

Check all that apply

- ☐ I already had insurance for my baby (66.0%)
- ☐ I didn't think he/she was eligible (18.4%)
- ☐ I didn't know about the program (22.3%)
- ☐ Other → Please tell us: (10.8%)

71. Have you ever heard or read about what can happen if a baby is shaken?

- ☐ No (2.4%)
- ☐ Yes (97.6%)

72. Since your new baby was born, have you used WIC services for your new baby?

- ☐ No (56.7%)
- ☐ Yes (43.3%)

The next questions are about you and your family.

73. How many people live in your household?

Count yourself

- _____ Children less than 5 years old
- Mean (1.7)
- Median (1.0)
- Mode (1)
- Minimum (0)
- Maximum (7)
- _____ Children 5 through 17 years old
- Mean (1.4)
- Median (0.6)
- Mode (1)
- Minimum (0)
- Maximum (9)
- _____ Adults 18 years old or older
- Mean (2.1)
- Median (1.5)
- Mode (2)
- Minimum (0)
- Maximum (8)

74. Are you currently in school or working outside of the home?

- ☐ No **Go to Question 76** (56.3%)
- ☐ Yes **Go to Question 75** (43.7%)

75. **—only asked of mothers who are currently in school or working outside the home**

About how old was your new baby when you started or went back to school or work outside of the home?

- _____ Weeks OR _____ Months
- Mean (10.9 weeks)
- Median (8.0 weeks)
- Mode (12 weeks)
- Minimum (1 week)
- Maximum (40 weeks)
- Less than 1 week (0.9%)

76. **In the 12 months before your delivery**, what was your total household income from all sources, before taxes?

- ☐ Less than \$10,000 (13.4%)
- ☐ \$10,000 to \$14,999 (10.5%)
- ☐ \$15,000 to \$19,999 (10.2%)
- ☐ \$20,000 to \$24,999 (10.7%)
- ☐ \$25,000 to \$29,999 (7.8%)
- ☐ \$30,000 to \$34,999 (9.2%)
- ☐ \$35,000 to \$49,999 (16.1%)
- ☐ \$50,000 to \$74,999 (13.9%)
- ☐ \$75,000 or more (8.4%)

Thanks for answering our questions! Your answers will help us work to make Idaho mothers and babies healthier.

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